

FAO: Scarlett McNally

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Dear Scarlett,

Re: *'What should we call 'Junior Doctors'?*

On behalf of Health Education England, we wanted to sincerely thank you for producing the report *'What should we call 'Junior Doctors'?* This has provided us with a clear, well-written and comprehensive summary of colleagues' thoughts on this matter. Having noted that the report covers three years of discussion and multiple views and suggestions to replace the term Junior Doctor, I can see that this was no easy task. As you mention in the report, contract negotiations, a general election and a global pandemic have not helped either! I also note the challenge of having different individuals inputting throughout the 3 years due to meeting membership changes. The lack of continuity must have been a source of frustration, and I am extremely grateful to you for persevering with the report despite these multiple obstacles.

At the same time, I feel I must offer an apology on behalf of Health Education England for the time it has taken for us to formally respond to your report. COVID-19 pressures, the Spending Review and staff illness have certainly played a part in the delay. Equally though, we have had to give careful consideration to the fact that there was no clear consensus reached in terms of agreement of an alternative term. We are also mindful that the NHS is under more pressure than it has ever been before, and we question whether it would be reasonable and appropriate in the current

climate to divert colleagues' attention to consider and implement a terminology change.

We also acknowledge the important finding that terminology concerns are wider than we had anticipated, with terms such as 'middle grade', 'career grade', 'non-consultant' and 'sub' reported as pejorative. This is a broader issue, but equally important.

Following further discussions on these aspects, we felt that within Health Education England we were in a position to take the following actions:

1. To cease use of the term 'Junior Doctor' and 'trainee' in our formal communications, as these are seen as pejorative.
2. Utilise the term 'Postgraduate doctor' in our formal communications.
3. Work with our HEE communications team to review content on our website, templates, etc and to come up with a plan to support this transition within HEE.
4. Identify appropriate terminology for those training in Public Health as approximately half of Public Health NTN holders are not doctors and the term 'Postgraduate doctor' would not be relevant to all of them.
5. Noting the broader terminology concerns ('middle grade', 'career grade', 'non-consultant' etc), to formally write to Danny Mortimer at NHS Employers to ensure they were aware of the report's findings.

As you highlight in your report, this is not a simple re-branding exercise and we will need to work with our own staff within HEE to begin to make this shift in terminology. We did however feel that it was a step too far in the current climate to take forward the other recommendations, considering they require engagement, support and agreement from our providers who will understandably be focused on other pressures.

We are also cognisant that our work around the Future Doctor report and enhancing generalist skills may present an opportunity in future to embed terminology changes, dependent upon the outcome of our work with healthcare delivery partners and Integrated Care Systems.

On behalf of Health Education England, I would like to sincerely thank you for your time and perseverance in producing this helpful, comprehensive report, and once again, please accept our apologies for the delay in responding to you. Wishing you all the very best for the festive period and a Happy New Year.

Yours faithfully,



Professor Wendy Reid
Executive Director of Education and Quality
Quality & National Medical Director
Health Education England



Professor Sheona MacLeod
Deputy Medical Director
Health Education England