

Meeting title:	Trust Board Executive People and Culture Board People and Culture Committee	Public Trust Board Paper I
Date of the meeting:	Trust Board (11.05.23) TLT (21.03.23) PCC (30.03.23)	
Title:	Junior Doctors Contract Guardian of Safe Working Report	
Report presented by:	Amy Atkinson, Guardian of Safe Working and Consultant in Paediatric Emergency Raunak Singh, Guardian of Safe Working and Consultant in Medicine	
Report written by:	Raunak Singh, Guardian of Safe Working and Consultant in Medicine Amy Atkinson, Guardian of Safe Working and Consultant in Paediatric Emergency Vidya Patel, Medical Human Resources Manager	

Action – this paper is for:	Decision/Approval		Assurance		Update	x
Where this report has been discussed previously	As list above					

To your knowledge, does the report provide assurance or mitigate any significant risks? If yes, please detail which
Not applicable.

Impact assessment
Not applicable.

Acronyms used:
ISC – Immediate Safety Concern

Purpose of the Report

This report has been presented for discussion at the Executive People and Culture Board (EPCB) and the People and Culture Committee (PCC), prior to submission to the Trust Board. At Trust Board this report is for noting without the need for discussion.

Recommendation

Trust Board members are requested to note the information provided in this report and are requested to provide feedback on the paper as considered appropriate.

Summary

In line with the 2016 Junior Doctors Contract, the Guardian of Safe Working is required to provide a quarterly report on Exception Reporting to the Trust Board. At UHL all junior doctors (including Trust Grade Doctors) are encouraged to raise exception reports; therefore the figures provided in this report include both Trainees and Trust Grade doctors.

From 1st December 2022 to 28th February 2023, 151 exceptions reports have been recorded, which is a decrease of 20 from the previous quarter. In addition to this figure, 2 exception reports were submitted by one doctor working as a FY2 Doctor in GP Practice, but contracted and employed by UHL as a Lead Employer.

Main report detail

1. Introduction

1.1 In line with the requirements of the 2016 Junior Doctors Contract, the Guardian of Safe Working (GSW) will provide a quarterly report to the Trust Board with the following information:

- Management of Exception Reporting
- Work pattern penalties
- Data on junior doctor rota gaps
- Details of unresolved serious issues which have been escalated by the GSW

1.2 The report is shared with the Local Negotiating Committee and the Trust Junior Doctors Forum for review and oversight management.

2. Management of Exception Reporting

2.1 In line with the Trust procedure for Exception Reporting, doctors that have transitioned to the 2016 contract will raise Exception Reports on work pattern or educational problems using a web based package.

2.2 At UHL all junior doctors (including Trust Grade Doctors) are encouraged to raise exception reports if there are concerns with their work patterns and/or education, therefore this report includes exceptions raised by junior doctors in training and Trust Grade Doctors.

2.3 This report will also refer to exception reports raised by F2 doctors working in GP Practice as they are contracted and employed by UHL (GP Practices do not have a mechanism to manage exception reporting).

3. Guardian of Safe Working at UHL

3.1 High Level Data

Established Number of Doctors in Training	971
Establishment LED Doctors working on JD Contract TCS	400+
Amount of time available in job plan for guardian to do the role:	3 PAs per week
Admin support provided to the guardian (if any):	0.5 WTE
Amount of job-planned time for educational supervisors:	0.25 per trainee, up to a maximum of 1 PA

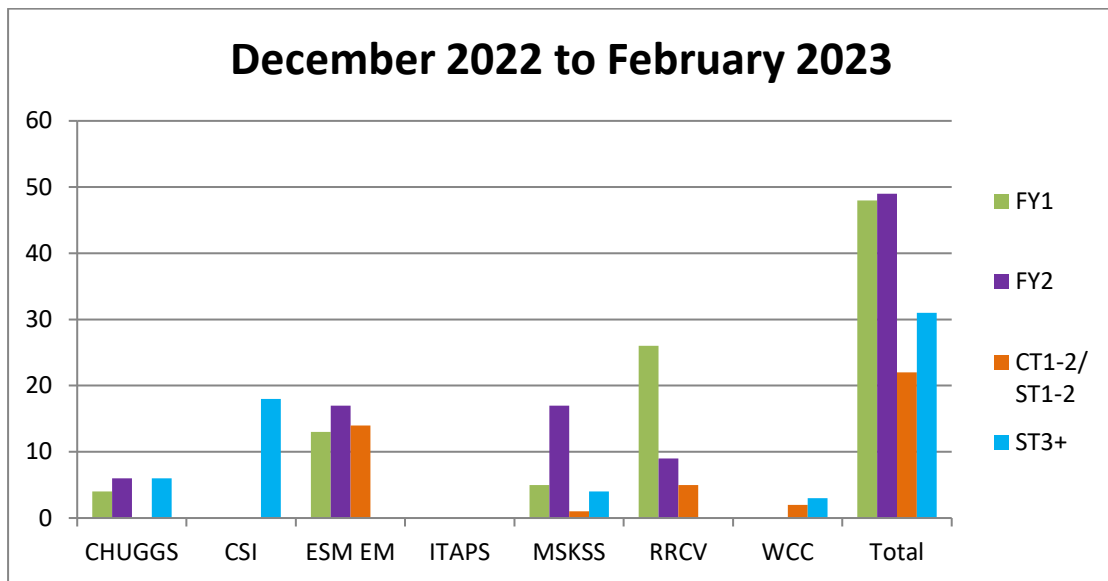
4. Number of Exceptions Recorded in this Quarter

4.1 From 1st December 2022 to 28th February 2023, a total of 151 Exception Reports have been recorded, 150 of which related to Hours, Working Pattern and Service Support, of which 8 were Immediate Safety Concerns (ISCs).

There was 1 Education exception during this period, which represents a decrease of 5 since the previous quarter.

- 4.2 In addition to the above figure, there were 2 exceptions submitted by one F2 Doctor working in GP Practice (contracted and employed by UHL). Both exceptions were Education exceptions. The graphs below represent exceptions submitted by doctors working on-site at UHL and do not therefore include these exceptions.
- 4.3 Graph 1 provides an overview of the number of Work Pattern exceptions received by grade in each CMG in the last quarter only.

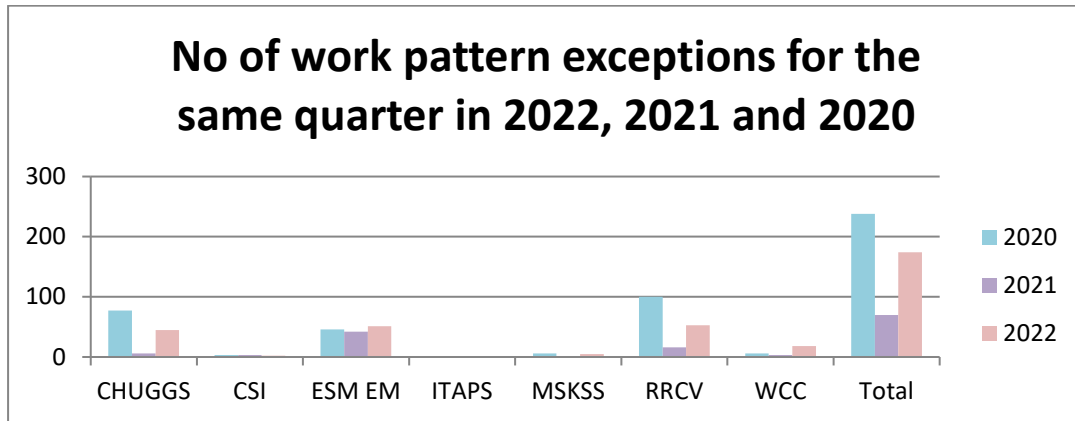
Graph 1 Work Pattern Exception Reports by CMG and grade



- 4.3.1 There are 18 exception reports raised in Imaging in this quarter due to doctors not being able to take adequate breaks during their night shifts. This is unusual and these are the 1st exception reports raised in imaging since December 2021. The majority of the exception reports relate to doctor not being able to take the required breaks during the night shift. The Service are reviewing two options to ensure doctors are able to take breaks, in the interim the proposal is for Consultants to cover trainees to take a break and the longer term plan is to outsource reporting.
- 4.3.2 In Respiratory Services, there were 24 exception reports raised by F1 doctors, of which 6 were raised by Cardiology trainees due to long ward rounds, the consultant in questioned has been reminded of the trainees finish time to ensure ward rounds are managed in a timely manner. There were 18 exception raised by F1s in Respiratory, the majority were due to shortage of middle grade cover, the Service has appointed middle grade doctors but awaiting confirmation of start dates. In the interim the agency doctors were sought to provide cover and the Chief Registrar reviewed the roster to improve overall middle grade cover.

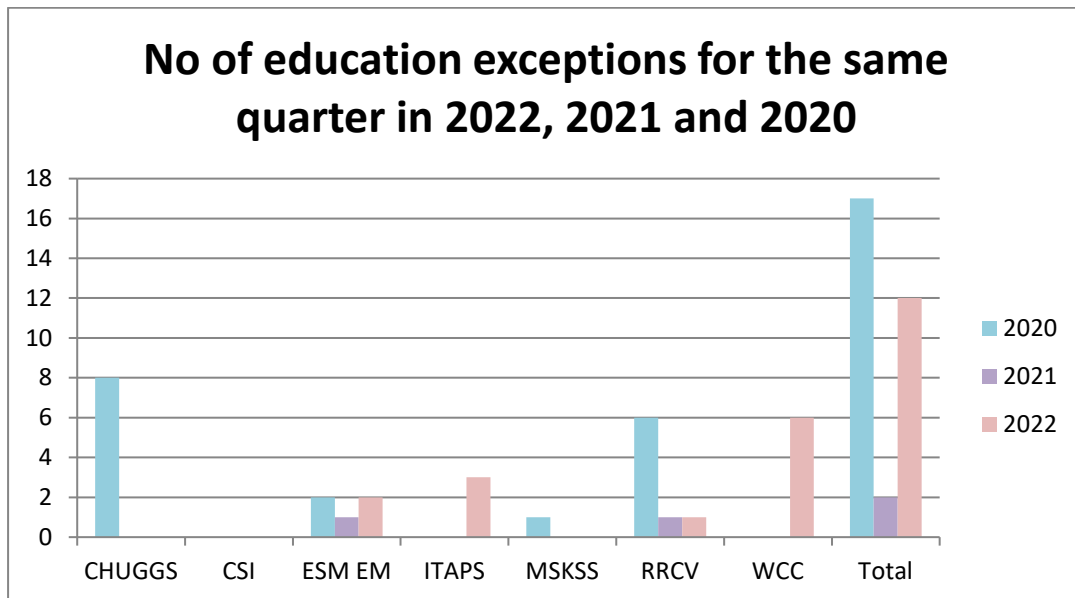
4.4 Graph 2 shows the number of exception reports for the same quarter in 2022, 2021 and 2020.

Graph 2 Number of Work Pattern Exception Reports for the same Quarter in 2022, 2021 and 2020



4.6 Graph 3 shows the number of education exception reports for the same quarter in 2022, 2021 and 2020.

Graph 3 Number of Education Exception Reports for the Same Quarter in 2022, 2021 and 2020



4.7 There were 8 exception reports raised as Immediate Safety Concerns (ISCs), a summary of the ISCs raised and Service responses are provided below:

Table 1 Immediate Safety Concerns

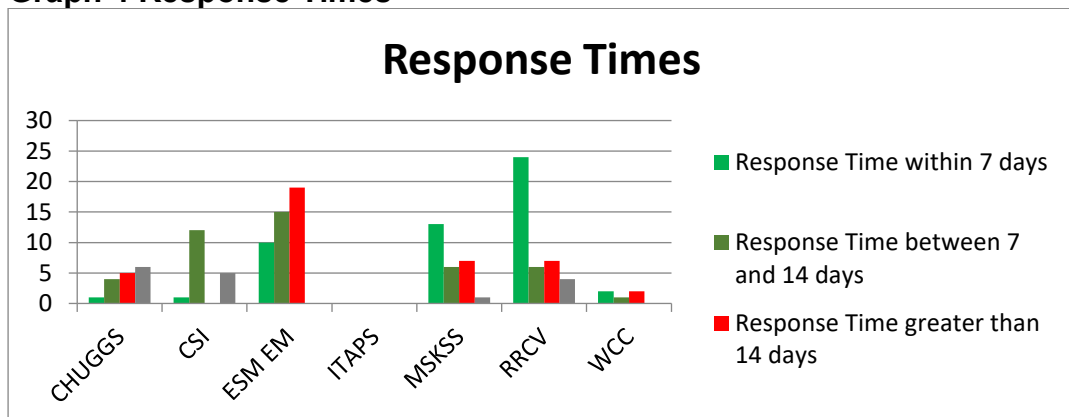
Grade, Specialty Date Occurred & Submitted	Summary of Concern Raised by the Doctor	Summary of Response from Service
FY1 Respiratory Occurred 12/01/23 Submitted 13/1/23	<p><i>Variance from work schedule: 1 hour</i></p> <p>Acutely unwell patient. Left once my ability to contribute to ongoing care completed.</p>	<p>Exception report was reviewed by the Service Manager with the F1 Doctor. Whilst there were adequate staff on duty, a patient became critically unwell, which has resulted in the doctor working an extra hour. One hour payment made.</p>
FY1 Respiratory Medicine Occurred & Submitted 13/01/23	<p><i>Variance from work schedule: 2 hours.</i></p> <p>JDA and duty managers contacted regarding safety concerns. Informed that a SHO would be reallocated to the ward from 2pm but unfortunately none arrived and no one contactable.</p>	<p>The gaps occurred due to; 3 doctors leaving, the new overseas were shadowing, pre booked leave, and HST rota gaps. A number of actions have been taken to mitigate the issues; 1xvacant post filled and shadowing overseas doctors swapped with experienced doctors. Chief Registrar reviewed the HST allocations to firm up middle-grade support. Payment of 2 hours made</p>
FYI Surgery Occurred & Submitted 07/12/2022	<p>Team not adequately staffed due to doctors Induction. Known Septic patient handed over to a F1, supported by locum SHO. Dart team and ACB and Med Reg contacted. Had to request on call F1s for the ward to take over sepsis 6 patients and hand over to supportive triage Reg. Team is severely understaffed and unsafe currently. No clear handover information available to the team who had to miss a significant portion of induction, to complete TTOs.</p>	<p>This exception was reviewed by a Lead consultant, who has met with the F1 doctor to discuss further. The Lead Consultant does not deem this as an ISC.</p> <p>The Lead Consultant provided the following feedback:</p> <p>F1s doctors are not allowed to discharge patients but will be asked to write a discharge letter/TTO in preparation.</p> <p>The protocol for short stay emergency patients is that the operating surgeon writes the discharge letter in theatre and they are then nurse-led discharged. Staff will be reminded of this.</p>
FYI Surgery Occurred & Submitted 06/01/2023	<p>Made to stay late by discharge coordinator for an “urgent discharge”, even though I refused as it would be unsafe to create a discharge with scarce information for a patient who I had not seen yet. Patient had no information regarding follow up, or wound management and would need a district nurse referral; patient would not have access to packing change 48 hours+. Patient also had complex answered.</p> <p>Explained to the coordinator that I did not feel comfortable discharging the patient and informed Registrar, H@N coordinator and on-call colleagues.</p>	<p>F1 doctors should not be asked to stay late to complete a TTO as these can be done by the on-call team. Doctors will be supported by and should escalate to a consultant if they need to say that they cannot complete a TTO as their shift due to finish.</p> <p>Outcome: The F1 doctor feedback to advise that he was appreciative of the feedback and support provided by the Lead Consultant. TOIL was also allocated.</p>

<p>FY2 Respiratory Medicine Occurred & Submitted 02/12/2022</p>	<p>Struggled as there were only 2 SHOs on ward of 25 patients, with 4 patients to discharge. There were no extra doctors available, which made it stressful and unsafe.</p> <p>Stayed on the ward until 19:10 to make sure that patient were safely discharged and no burden for the on-call doctor.</p>	<p>The Service Manager and JDA discussed this exception with the doctor to thank the doctor. Normally there would be 3 doctors on this ward. However, due to last minute sickness and we could not move any other doctors to support; there were only two doctors on duty. Outcome: Payment</p>
<p>ST3 Paediatric Surgery Occurred 07/12/22 Submitted 10/12/22</p>	<p>On 7th Dec (junior doctor changeover day), I covered a colleague off sick. There was no junior cover, therefore had to carry the registrar, SHO and Ward phone and the trauma bleep. As the tertiary referral centre in the region, I was required to cover the junior on call and ward duties on top of my registrar responsibilities. Patient safety could easily be jeopardised at any time as I was juggling multiple on call roles, and felt that I could not do all jobs properly and give patients the care that they deserve compared to if I had better staffing. The situation felt very unsafe. Escalated to consultant and attempted to contact the JDA.</p> <p>Colleagues already have other whole day clinical commitments therefore not able to help.</p>	<p>Safe staffing requires a minimum of 2 SHO, unfortunately, trainees were at induction, 2 Trust grade doctors were on annual leave and 1 doctor on post-nights.</p> <p>Unfortunately, other registrar's and General Paediatrics were busy with their own daytime activities and unable to help.</p> <p>To ensure this does not re-occur during changeover, the following action has been agreed; ensure that TG doctors/P.A are on-duty and increase registrar cove.</p> <p>TOIL will be given for extra time worked.</p>
<p>ST5 Imaging Occurred 13/02/23 Submitted 20/2/23</p>	<p>No opportunity to take the 90 minute break we should be getting during a 12 hour shift which is incredibly busy with constant interruptions</p>	<p>The issue of not being able to take the required breaks during the night shifts has been escalated and being discussed at meetings attended by junior doctors and chaired by the Clinical Director.</p>
<p>ST5 Imaging Occurred 25/2/23 Submitted 26/2/23</p>	<p>No break time during shift. I could not leave the station safely during the shift. I missed lunch break and had snacks whilst reporting</p>	<p>From 5th June 2023, an outsourcing company will support the workload, allowing adequate breaks to be taken.</p> <p>Various options (i.e. rota changes, consultant cover) have been reviewed to facilitate doctors in taking breaks at present. With immediate effect it has been agreed that junior doctors will take a 45 minute break prior to the twilight registrar finishing their shift at 1am and another 45 minute break will be taken between 4am and 5am when there is a lower number of calls to the imaging registrars.</p> <p>The Service will continue to explore further work streams to reduce trainee workloads.</p>

5. Outcome of the Exception Reports in this Quarter

- 5.1 For the majority of the Exception Reports time off in lieu (TOIL) is allocated. In the last quarter, out of the 150 work related exceptions received, TOIL has been allocated for 77 exceptions. 32 exceptions did not require any further action. There were 21 instances where exceptions raised resulted in payment being made for extra hours worked. There are 20 exceptions still open and requiring a response in CHUGGS (6 pending), CSI (5 pending), MSKSS (4 pending), RRCV (4 pending) and WCC (1 pending). Action to provide responses is being sought through the CMG via Workforce meetings and JDAs.
- 5.2 The 2 education exceptions submitted for FY2 GP Practice were submitted by a doctor who felt concerned that due to a lack of scheduled teaching, they would be at risk of not completing enough core teaching during the course of the year to achieve ARCP. Medical Education advised that as SDT time was taken, this should allow for portfolio development (due to winter pressures, teaching is postponed in January and resumes in February). Medical Education is to issue a reminder to all Junior Doctors regarding the process. Both exceptions will be updated to reflect this response.
- 5.3 Junior Doctors are required to raise Exception Reports with 14 days (7 days if payment is being requested) of the issue occurring. CMGs are required to provide a response to exceptions submitted within 7 calendar days, which has proven to be challenging, particularly over holiday periods/doctors' off-duty days. The response time for exceptions in the last quarter is detailed in Graph 4 below.
- 5.3 Exceptions shown as 'Pending Response greater than 7 days' indicate where the services are in the process of obtaining further information (often from the doctor who has submitted the exception). In order to improve the response times, Medical HR has been sending regular reminders to close any open exception reports. From January 2023, to further improve response times, Medical HR are building exception reporting into monthly catch up meeting with JDAs.

Graph 4 Response Times



5.4 Table 3 in Appendix 1 shows raw data from Allocate with a breakdown of exceptions by specialty and grade.

6. Work Schedule Changes

6.1 The following rota templates have been changed in the last quarter:

- Surgery F2, CT rota template has been changed to improve General Surgery training for Core trainees level doctors. CT level doctor will now work cross both LRI and GH site
- CDU ST3 is now fully staffed and moved from a 8 person to a 10 person rota
- Orthopaedics ST3 rota has been changed with all trainees working across both the LRI and LGH site to improve training and service cover.
- Cardiac ST3 – changed to split weekend working to improve safety.

7. Penalty Payments

7.1 Following review of potential breaches of the contract with the Guardian of Safe Working, 19 penalty payments have been applied. This is higher than normal, however the majority of the breaches occurred in ENT due to doctors working over the 13 hour period. This was due to the acuity of the patients in ENT. In order to reduce the breaches, the service has already increased overnight cover for some weekends. Cover will be further strengthened once more doctors are in post by August 2023. The other area that was unexpected was Orthopaedics. The breaches that occurred are being picked up with the CMG to review if any rota changes if required.

There have been no disbursements from the Guardian's account to date.

8. Conclusion

8.1 Exception reports are being reviewed and changes are being implemented as required, including enhancing Trust processes such as response time.

8.2 The next report for the period March to May 2023 will be presented to:

- Executive People and Culture Board on 18th July 2023
- People and Culture Committee on 27th July 2023
- Trust Board in September 2023

Supporting documentation

No supporting documentation is required

Appendix 1

Table 3 Reasons for ER over last quarter by specialty & grade

Reasons for ER over last quarter by specialty & grade						
ER relating to:	Specialty	Grade	No. ERs carried over from last report	No. ERs raised	No. ERs closed	No. ERs outstanding
Immediate patient safety issues	Cardiology	FY1	1	0	0	1
	General medicine	ST6	2	0	0	2
	General surgery	Foundation house officer 1	4	0	0	4
	General surgery	FY1	1	2	0	3
	General surgery	FY2	1	0	0	1
	Medical oncology	ST5	0	1	0	1
	Nephrology	Foundation house officer 1	1	0	0	1
	Paediatric surgery	ST3	0	1	1	0
	Plastic surgery	CT2	1	0	0	1
	Radiology	ST5	0	2	0	2
	Respiratory Medicine	Foundation house officer 1	0	3	3	0
	Respiratory Medicine	Foundation house officer 2 *	0	1	1	0
	Respiratory Medicine	FY2	1	0	0	1
	Surgical specialties	Foundation house officer 1	7	0	0	7
	Surgical specialties	FY1	1	0	0	1
	Surgical specialties	FY1 (2016)	2	0	0	2
	Urology	Foundation house officer 1	4	0	0	4
	Unknown specialty	Unknown grade	6	0	0	6
	Total			32	10	5
No. relating to hours/pattern	Accident and emergency	FY2 *	1	7	8	0
	Accident and emergency	ST2	1	0	0	1
	Acute Medicine	FY2 *	1	0	0	1
	Anaesthetics	ST6	1	0	0	1

Cardiology	Foundation house officer 1	2	0	0	2
Cardiology	FY1	8	6	1	13
Cardiology	FY2	7	2	3	6
Cardiology	ST2	0	2	2	0
Cardio-thoracic surgery	Foundation house officer 1	0	1	0	1
Cardio-thoracic surgery	FY2 *	1	0	0	1
Cardio-thoracic surgery	FY2 *	1	0	0	1
Clinical Oncology	Foundation house officer 1	1	0	0	1
Clinical Oncology	Foundation house officer 2	1	0	0	1
Communicable diseases (infectious diseases)	CT1	0	4	3	1
Diabetes & endocrinology	Foundation house officer 1	2	0	0	2
Gastroenterology	CT1	1	0	0	1
Gastroenterology	FY1	3	0	0	3
Gastroenterology	FY2	1	0	0	1
Gastroenterology	FY2	2	0	0	2
General medicine	CT1	8	5	5	8
General medicine	CT2	1	5	5	1
General medicine	Foundation house officer 1	12	0	0	12
General medicine	Foundation house officer 2	2	0	0	2
General medicine	Foundation house officer 2 *	9	0	0	9
General medicine	FY1	12	13	10	15
General medicine	FY1 *	1	0	0	1
General medicine	FY1 (2016) *	1	0	0	1
General medicine	FY1 *	1	0	0	1
General medicine	FY2	33	6	13	26
General medicine	FY2 *	4	3	2	5
General medicine	FY2 (2016)	1	0	0	1
General medicine	FY2 *	1	0	0	1
General medicine	Specialty registrar 3 *	1	0	0	1
General medicine	ST1	4	0	0	4

General medicine	ST2	1	0	0	1
General medicine	ST3	2	0	0	2
General medicine	ST6	10	0	0	10
General practice	FY2 *	3	0	0	3
General surgery	CT1	4	0	0	4
General surgery	Foundation house officer 1	16	0	3	13
General surgery	Foundation house officer 2	1	0	0	1
General surgery	FY1	1	0	0	1
General surgery	FY1	11	3	0	14
General surgery	FY2	7	0	0	7
General surgery	FY2 *	8	0	0	8
General surgery	Specialty registrar in core training 1	2	0	0	2
Geriatric medicine	FY1	1	0	1	0
Geriatric medicine	FY2 *	2	1	0	3
Geriatric medicine	ST1	3	0	0	3
Haematology	Foundation house officer 1	2	0	0	2
Haematology	FY2	2	1	0	3
Haematology	FY2 *	1	0	0	1
Haematology	ST3	3	5	8	0
Haematology	ST5	1	0	1	0
Haematology	ST6	1	1	2	0
Histopathology	FY1	1	0	0	1
Medical microbiology and virology	ST3	4	0	0	4
Medical microbiology and virology	ST3 *	4	0	0	4
Medical oncology	FY2 *	5	0	0	5
Medical oncology	ST5	0	1	0	1
Nephrology	Foundation house officer 1	2	0	0	2
Nephrology	FY1	3	1	0	4
Nephrology	FY1 *	1	0	0	1
Nephrology	FY2	1	0	0	1

Nephrology	FY2 *	1	0	1	0
Obstetrics and gynaecology	Foundation house officer 1	5	0	0	5
Obstetrics and gynaecology	FY2	6	0	0	6
Obstetrics and gynaecology	Specialty registrar 3	1	0	0	1
Obstetrics and gynaecology	ST4	2	0	0	2
Obstetrics and gynaecology	ST7	2	1	1	2
Ophthalmology	Specialist registrar	1	0	0	1
Ophthalmology	Specialty registrar 5	1	0	0	1
Ophthalmology	ST2	2	0	0	2
Ophthalmology	ST3	3	0	0	3
Ophthalmology	ST4	3	2	2	3
Ophthalmology	ST6	1	0	0	1
Ophthalmology	ST6	2	0	0	2
Ophthalmology	ST7	2	0	0	2
Ophthalmology	ST7 *	1	0	0	1
Ophthalmology	ST7 *	1	0	0	1
Otolaryngology (ENT)	CT1	7	0	1	6
Otolaryngology (ENT)	CT2	0	1	1	0
Otolaryngology (ENT)	Foundation house officer 2	0	6	6	0
Otolaryngology (ENT)	FY2 *	0	5	3	2
Otolaryngology (ENT)	Senior registrar *	1	0	0	1
Otolaryngology (ENT)	ST5	0	2	0	2
Paediatric cardiology	Registrar	2	0	0	2
Paediatrics	FY1	1	0	0	1
Paediatrics	ST3	2	0	0	2
Paediatrics	ST6	1	1	1	1
Palliative medicine	ST2	1	0	0	1
Plastic surgery	CT1	1	0	0	1
Plastic surgery	CT2	3	0	0	3
Radiology	ST3	0	11	3	11

Radiology	ST5	0	6	0	6
Radiotherapy	CT2	4	0	0	4
Respiratory Medicine	CT1	1	0	0	1
Respiratory Medicine	CT2	2	4	4	2
Respiratory Medicine	Foundation house officer 1	0	9	7	2
Respiratory Medicine	Foundation house officer 2	0	1	1	0
Respiratory Medicine	Foundation house officer 2 *	1	2	2	1
Respiratory Medicine	FY1	1	1	0	2
Respiratory Medicine	FY2	1	3	3	1
Respiratory Medicine	ST1	0	1	1	0
Surgical specialties	Foundation house officer 1	9	0	0	9
Surgical specialties	FY1	1	0	0	1
Surgical specialties	FY1	32	1	0	33
Surgical specialties	FY1 *	3	0	0	3
Surgical specialties	FY1 (2016)	4	0	0	4
Thoracic medicine	CT1	1	0	0	1
Thoracic medicine	Foundation house officer 1	0	1	0	1
Trauma & Orthopaedic Surgery	CT1	2	0	0	2
Trauma & Orthopaedic Surgery	Fixed term specialty registrar 3	1	0	0	1
Trauma & Orthopaedic Surgery	FY1	0	4	3	1
Trauma & Orthopaedic Surgery	FY2	3	6	6	3
Trauma & Orthopaedic Surgery	ST1	1	0	0	1
Urology	Foundation house officer 1	20	0	0	20
Urology	Foundation house officer 2	1	0	0	1
Urology	FY1	12	0	0	12
Urology	FY2	2	5	0	7
Urology	ST7	1	0	0	1
Vascular Surgery	FY1	28	0	0	28
Vascular Surgery	FY1 *	5	0	0	5
Unknown specialty	Unknown grade	88	0	0	88

Total			505	140	113	535	
	Accident and emergency	ST6	3	0	0	3	
	Anaesthetics	ST5	1	0	0	1	
	Cardiology	FY1	1	0	0	1	
	General medicine	CT2	2	0	0	2	
	General medicine	Foundation house officer 1	2	0	0	2	
	General medicine	FY1	1	0	1	0	
	General medicine	FY2	2	0	1	1	
	General practice	FY2	0	2	0	2	
	General surgery	CT1	1	0	0	1	
	Geriatric medicine	FY1	1	0	0	1	
No. relating to educational opportunities	Haematology	CT2	1	0	0	1	
	Haematology	FY1	1	0	0	1	
	Nephrology	Foundation house officer 1	1	0	0	1	
	Nephrology	FY1	1	0	0	1	
	Nephrology	ST3	1	0	0	1	
	Obstetrics and gynaecology	FY2	1	0	0	1	
	Paediatrics	FY1	1	0	0	1	
	Plastic surgery	Specialty registrar in core training 2	2	0	0	2	
	Respiratory Medicine	CT2	1	0	0	1	
	Respiratory Medicine	Foundation house officer 1	0	1	0	1	
	Surgical specialties	FY1	1	0	0	1	
	Surgical specialties	FY1 *	1	0	0	1	
	Thoracic medicine	CT2	1	0	0	1	
	Urology	FY1	1	0	0	1	
	Total			28	3	2	29
	No. relating to service support available	Cardiology	FY2	1	0	0	1
		General medicine	FY1	1	0	1	0
		General medicine	FY2	1	0	1	0
		General surgery	Foundation house officer 1	2	0	0	2

General surgery	FY1	5	1	1	5
Ophthalmology	ST3	1	0	0	1
Paediatric cardiology	Registrar	4	0	0	4
Paediatric surgery	ST3	0	1	1	0
Paediatrics	FY1	1	0	0	1
Radiology	ST5	0	1	0	1
Renal Medicine	ST3	1	0	0	1
Respiratory Medicine	Foundation house officer 1	1	6	4	3
Respiratory Medicine	FY2	1	1	1	1
Surgical specialties	Foundation house officer 1	6	0	0	6
Surgical specialties	FY1 (2016)	2	0	0	2
Trauma & Orthopaedic Surgery	FY1	0	1	1	0
Urology	Foundation house officer 1	1	0	0	1
Vascular Surgery	FY1	1	0	0	1
Unknown specialty	Unknown grade	5	0	0	5
Total		34	11	10	35