

Find the specialty that fits.

A practical way to compare training routes, competition and working lives—without mistaking prestige, one good placement or last year's ratio for fit.

**Pass the exam. Be
ready for the job.**

Choose a life, not a label.

The useful question is not ‘Which specialty is best?’ It is ‘Which pattern of work brings out my best often enough—and which trade-offs am I willing to live with?’

Tempo

Rapid decisions and interruptions, or longer episodes of concentrated thought?

Continuity

Meet once at a critical moment, or know patients and families over years?

Craft

Procedures, conversation, diagnostics, systems work—or a deliberate mixture?

Life pattern

On calls, nights, geography, training length, flexibility and the shape of an ordinary week.

Notice when you feel absorbed, not just impressed. Prestige is a poor proxy for the work you will enjoy on an unremarkable Tuesday.

Compare the ordinary day.

Specialties are more diverse within their own name than most league tables suggest. Use these families as prompts, then test them against real departments and current curricula.

FAMILY	OFTEN OFFERS	ASK YOURSELF
General practice	Breadth, continuity, uncertainty, community work	Do I enjoy prioritising without complete information?
Physician specialties	Complex diagnosis, chronic disease, MDT care	Which patient groups and problem types keep my attention?
Surgical specialties	Procedural craft, decisive intervention, peri-operative care	Do I enjoy the whole pathway, not only theatre?
Acute specialties	Tempo, resuscitation, shift work, team decisions	Does urgency energise me sustainably?
Diagnostics	Pattern recognition, technology, cross-specialty influence	How much direct patient contact do I need?
Psychiatry	Narrative, longitudinal care, risk, complex systems	Can I stay curious when certainty is limited?
Paediatrics / O&G	Life-stage focus, families, acute and longitudinal care	Do this population and its emotional stakes fit me?
Population / occupational	Prevention, policy, systems and organisational health	Do I want my unit of care to extend beyond one patient?

Understand the route, then verify the year.

After medical school, UK doctors usually complete the two-year Foundation Programme. Specialty training may then be run-through or split into core and higher training, with routes and lengths varying by specialty.

- + Read the current person specification for the exact recruitment year and entry level.
- + Confirm eligibility, evidence-upload rules, exams and selection method on the Medical Hub.
- + Use the GMC curriculum to understand the capability being trained—not only the application.
- + Ask trainees about rotations, geography, out-of-hours work and bottlenecks.

Rules move. A portfolio tactic that worked for last year's cohort may not score—or may not be permitted—next year. Build genuine, transferable evidence and check the live specification.

Use ratios carefully.

Competition ratios describe a past recruitment round. They are not a probability calculator: applicants can apply to several specialties, preferences differ and posts and selection rules change.

2025 SNAPSHOT	APPLICATIONS PER POST	READ AS
General practice ST1	4.91	High demand across a large intake
Internal medicine CT1	5.27	A broad route with substantial volume
Paediatrics ST1	5.63	More applicants than available posts
Core surgical training CT1	8.57	Competitive national entry
Clinical radiology ST1	11.27	Strong demand relative to posts
Anaesthetics CT1	12.56	Strong demand relative to posts

Use the complete official table for context, not ranking. A lower ratio does not make a job right; a higher ratio does not make a thoughtful choice impossible.

Build a portfolio that still matters if the rules change.

The safest portfolio strategy is not indiscriminate point collecting. It is sustained evidence that you understand the work, contribute to it and improve through feedback.

Explore

Tasters, clinics, theatre, on calls, multidisciplinary meetings and honest conversations.

Contribute

Useful audit or quality improvement, teaching that responds to need, and dependable team work.

Reflect

What the experience revealed about the specialty and about your own fit.

Document

Keep dated, verifiable evidence that follows current recruitment instructions and information governance.

Run a 30-day experiment.

You do not need a revelation. You need better evidence. Spend a month collecting observations from the work rather than opinions about its reputation.

+ **Week 1:** choose three plausible specialties and write what you think each ordinary week contains.

+ **Week 2:** speak to a junior and a senior in each; ask what surprised them and what drains them.

+ **Week 3:** arrange exposure to the least glamorous, most representative work.

+ **Week 4:** score fit across tempo, continuity, craft, uncertainty, people, schedule and geography.

Keep your decision revisable.

A good choice is evidence-led and honest about uncertainty. It does not require pretending that one specialty has no disadvantages.

Write two sentences: “I am moving towards ___ because the recurring work of ___ fits me.” Then: “The trade-off I am consciously accepting is ___.”

Review that answer after a representative placement, after talking to people at different career stages, and when the current recruitment documents are published.

Sources & updates.

We use official sources wherever possible and date-stamp the guide because rules change.

1. [NHS England Medical Hub — specialty training ↗](#)
2. [NHS England Medical Hub — 2027 person specifications ↗](#)
3. [NHS England Medical Hub — eligibility ↗](#)
4. [NHS England Medical Hub — 2025 competition ratios ↗](#)
5. [NHS Health Careers — careers in medicine ↗](#)
6. [GMC — approved curricula ↗](#)

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