Implementation timeline

Date	Action
July 2016	Appoint guardians of safe working hours
26 July 2016	Guardian of safe working hours conference, London
3 August 2016	Contract is live
October 2016	Transition to the new terms and conditions of service (TCS) for: • Obstetrics ST3 and above
November - December 2016	Transition to the new TCS for: • F1 doctors taking up next appointments • F2 doctors taking up next appointment and sharing rotas with F1 doctors
February – April 2017	Transition to the new TCS for: • Psychiatry trainees taking up next appointments (all grades) • Pathology trainees (lab based) (all grades) • Paediatrics trainees taking up next appointments (all grades) • Surgical trainees (all disciplines) taking up next appointments (all grades) • F2 doctors and GP trainees (ST1/2) taking up next appointments and sharing rotas with any of the above
August – October 2017	All remaining trainees taking up next appointments (all grades) All new starters (all grades)

Notes:

(1) The above does not include trainees employed on long-term contracts in lead employer arrangements (other than those who joined such arrangements on a single placement contract in August 2016, or those whose contracts have a clause allowing for them to be varied in this way); these trainees will remain on the 2003 TCS until they finish training and / or their current contracts expire.

(2) There will be some parts of the country where rotation dates do not coincide precisely with the above timetable. In such cases, trainees will move to the new terms at the next rotation date following their scheduled transition date, and by October 2017 at the latest.

Factsheet for Educational Supervisors

Introduction

Work scheduling and exception reporting are two new features of the Terms and Conditions of Service for NHS doctors and dentists in training (England) 2016 (TCS) that aim to improve the service and training experience for doctors.

For the purposes of this document, 'doctor' refers to 'doctor or dentist in training.'

Benefits to doctors in training:

- Work schedules inform doctors of the range and pattern of duties expected during a placement, as well as intended learning outcomes. This is later personalised to the individual doctor's needs.
- Exception reports are a formalised way for doctors to raise issues when they feel that their work schedule, either in terms of service or training, does not reflect the reality of their post.

The New Deal contract has no formal system for raising issues, so exception reporting aims to correct this by addressing issues as they arise.

Responsibilities set out in the Terms and Conditions of Service

As part of the TCS, the educational supervisor will respond to any exception reports, conduct work schedule reviews and will also have joint responsibility with the doctor for personalising their work schedule. While accountability remains with the educational supervisor, completing certain tasks can, and often needs to be, formally reassigned. Where this is appropriate, a local policy should be agreed to reflect this.

For example, during higher specialty training, the educational supervisor would usually be the person to agree the personalised work schedule and to manage concerns raised by a doctor through an exception report (as set out in the TCS). However, during foundation training it would be more practical for this to be done by the clinical supervisor on behalf of the educational supervisor. This information must then be clearly set out in the schedule.

Note: the TCS definition of educational supervisor includes approved clinical supervisors in GP practice placements.

Work schedules

Work schedules allow employers to plan and deliver clinical services while delivering appropriate training. The doctor will receive information prior to starting in post in a generic work schedule that will:

- form the basis of a personalised work schedule once they are in post
- be generic to the placement (not the individual, this comes in the personalised work schedule)
- be sent to the doctor, together with the offer of employment, as per the code of practice
- contain both service commitments and the parts of the relevant training curriculum that can be achieved

HR/medical staffing and medical education staff will be responsible for sending the work schedule to the doctor. Generic work schedules should be regularly reviewed at the end of each placement to ensure that they remain fit for purpose.

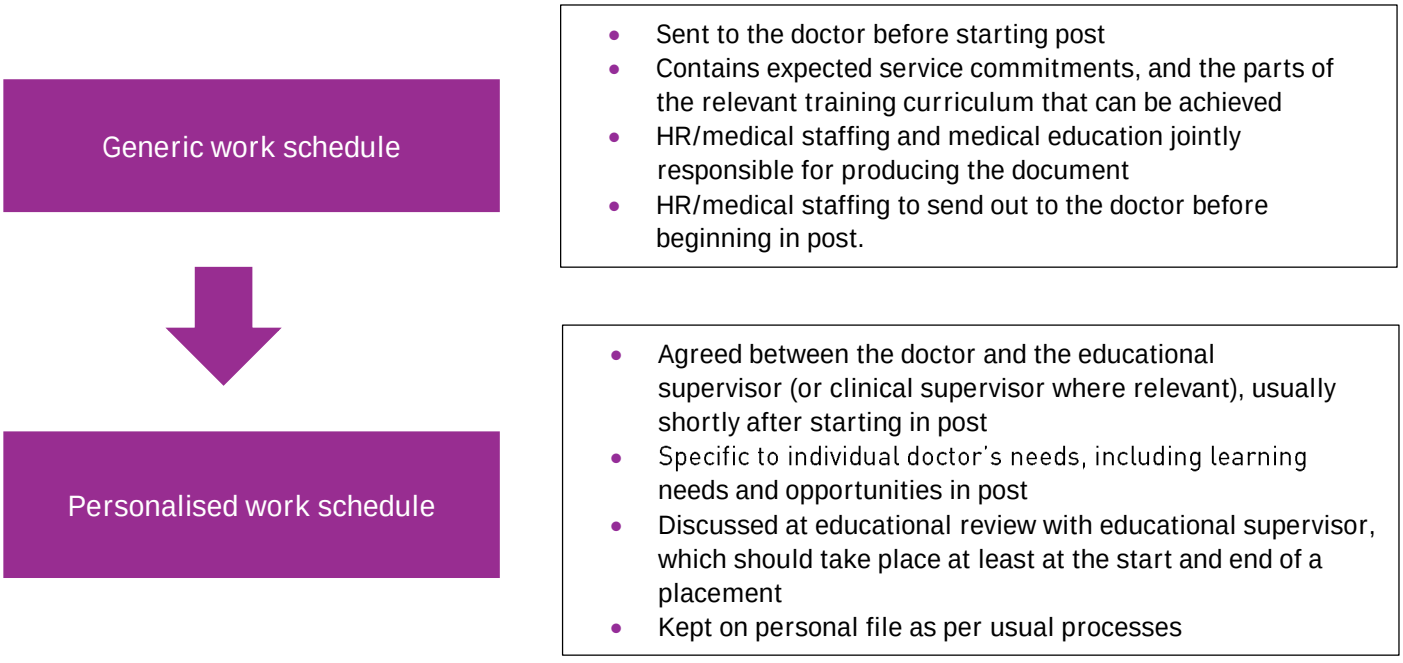
This generic work schedule will be personalised by the educational supervisor (or clinical supervisor where they have been given this responsibility) and will be:

- agreed between the doctor and the educational supervisor (or clinical supervisor where relevant), during the first educational meeting after starting in post
- specific to the individual doctor, including learning needs and opportunities available in the post (cross-referencing the e-portfolio)
- discussed at regular educational review meetings with educational supervisor, building on their needs and objectives
- kept on personal file as per usual processes

The personalised work schedule will be discussed at the already existing, regular educational review meetings, building on the current discussions in relation to learning needs and objectives. It will also include the needs identified at the doctor's previous annual review of competence progression and any special career interests. This will complement the learning agreement process when someone comes into post, and work in parallel with the personal learning agreement that is tailored to each doctor and training year.

Process outline

Here is an outline of the process by which the generic work schedule will be personalised by the educational supervisor (or clinical supervisor where they have been given this responsibility).



Exception reporting

Exception reports are submitted by doctors when their day-to-day work varies significantly and/or regularly from their agreed work schedule. Exception reports could relate to, for example, variation in the hours of work (over or under those expected) or rest, the pattern of work, missed educational or learning opportunities, or a lack of support available to the doctor while at work.

Exception reports should be sent to the educational/clinical supervisor, copied to either the director of medical education (for training issues), the guardian of safe working hours (for safety issues), or both, so they can fulfil their respective oversight roles. The supervisor is responsible for making a

decision on the outcome for the exception report and informing the doctor as well as the director of medical education and/or guardian of safe working hours in writing (electronically).

Although the educational supervisor retains overall accountability for the exception reporting tasks set out in the TCS, it may be more practical for the doctor's clinical supervisor to review the report and address the concern.

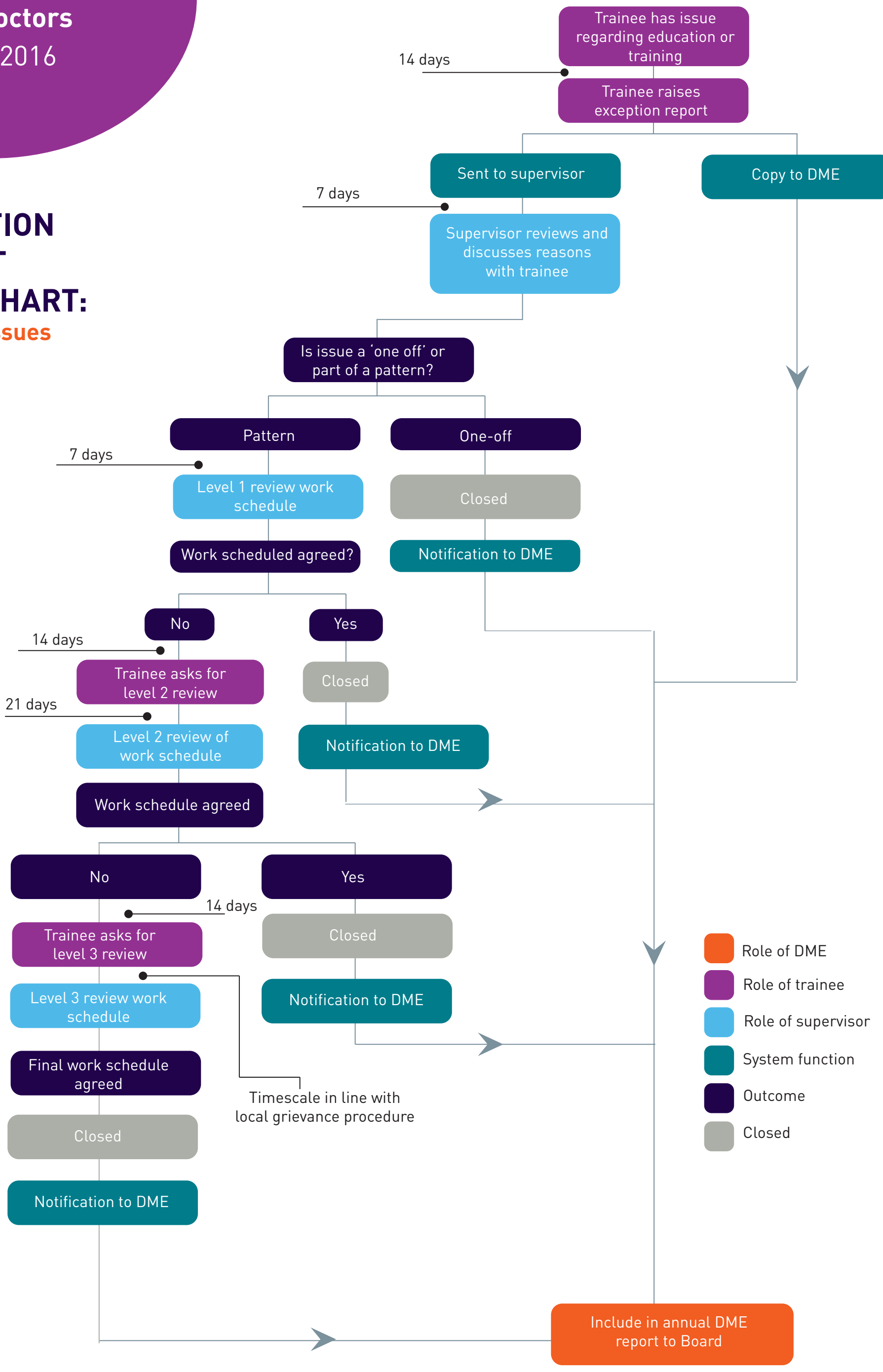
This will be the case for foundation doctors and some core trainees, or for doctors whose educational supervisor is not based at the location where they are working. In these instances, formal responsibility for the exception reporting process would be passed to the doctor's clinical supervisor. The educational supervisor may wish to seek assurance from the clinical supervisor, for example, by receiving copies of the exception report outcome. If this arrangement is implemented for a particular placement it must be clearly communicated to the doctor undertaking the post.

For further information view these resources:

- A template work schedule and sample generic work schedules
- Flowcharts showing the exception reporting process for hours / safety related issues and training related issues.
- Guidance for managing exception reports
- Employer implementation guidance
- The 2016 terms and conditions of service
- Rota rules factsheet

Junior doctors
The new 2016 contract

EXCEPTION REPORT FLOW CHART:
Training issues



Sample - Generic Work Schedule

Generic Work Schedule
Training Programme: Obstetrics and Gynaecology run-through training
Specialty placement: Obstetrics and Gynaecology
Grade: ST3
Length of placement: 12 months
Employing organisation: St Elsewhere NHS Foundation Trust
Host organisation (if different from the above): N/A
Site(s): St Elsewhere District General
Educational Supervisor: Dr G. Smith
Clinical Lead/Rota Co-Ordinator: Dr C. Sultant
Name of Guardian: Dr J. Khan
Contact details of Guardian: g.angel@stelsewhere.uk, 01234 567890
Medical Workforce Department Contact Details: medicalstaffing@stelsewhere.uk, 0987 654321

Working pattern:

Shift rota

Rota Template:

Week	Mon	Tue	Wed	Thu	Fri	Sat	Sun
1	0900-1800				0900-2200	0900-2200	0900-2200
2	0900-1800		0900-2200	0900-1800	0900-1800		
3	2100-1000	2100-1000	2100-1000	2100-1000			
4	0900-1800	0900-2200	0900-1800	0900-1800	0900-1800		
5	0900-2200	0900-1800	0900-1800	0900-1800			
6		0900-1800	0900-1800	0900-1800	2100-1000	2100-1000	2100-1000
7				0900-1800	0900-1800		
8	0900-1800	0900-1800	0900-1800	0900-2200	0900-1800		

Your working pattern is arranged across a rota cycle of 8 weeks, and includes:

20 Normal days – on normal days typically allocated doctors will attend clinics, maternity day units, elective caesarean patients, and antenatal and postnatal ward rounds.

7 Long days (of which 2 are at the weekend) - on long days you will typically be doing an all day theatre list, antenatal and postnatal ward rounds.

7 Night shifts (of which 2 are at the weekend) - on nights you will typically be providing emergency cover on the labour ward, maternity day unit, acute gynaecology and providing support to the on-call ST2 covering early pregnancy unit and acute gynaecology

4 Weekend shifts - on weekends you will typically be providing emergency cover on the labour ward, maternity day unit, acute gynaecology

Average Weekly Hours of Work: 45.25

Your contract is a full-time contract for 40 hours.

You will in addition be contracted for an additional 5.25 hours, making for total contracted hours of 45.25.

The distribution of these will be as follows:

Average weekly hours at basic hourly rate: 33.0

Average weekly hours attracting a 37 per cent enhancement: 12.25

Note: these figures are the **average weekly hours,** based on the length of your rota cycle, as required by Schedule 2 of the Terms and Conditions of Service. These may not represent your actual hours of work in any given week.

Annual pay for role*

Basic Pay (Nodal Point): £45,750
Pay for additional hours above 40: £6,005
Enhanced pay at 37% rate: £5,184
Weekend allowance: £3,431
On-call availability supplement : N/A
Flexible Pay Premia [Type]: N/A

Total pensionable pay: £45,750
Total non-pensionable pay: £14,620

Total annual pay for this role: £60,370

Should your placement be for less than 12 months, your pay will be pro-rated to the length of your placement.

*Please note- if you are entitled to pay protection in line with Schedule 2 of the TCS or to transitional pay protection in line with Schedule 14 of the TCS, then your actual salary may be greater than the above figure. Where this is the case, your salary will contain one or more additional pay protection elements so as to maintain your salary at its protected level.

Training Opportunities:

Insert the curriculum mapped outcomes that can be achieved whilst in this placement, together with the formal and informal learning opportunities available to the post-holder.

St Elsewhere NHS FT expects that the following should be able to be achieved whilst in this post, in line with the Royal College of Obstetricians and Gynaecologists expectation of educational progression:

- Curriculum progression (as evidenced in the log book on the ePortfolio) - progress with signing off intermediate competencies, completion of basic ultrasound modules for trainees starting as ST1 from August 2013.
- Clinical skills - work on-call without direct supervision when competencies have been confirmed.
- Formative OSATS (SLE) showing evidence of training since last ARCP – hysteroscopy, laparoscopy, operative laparoscopy (e.g. laparoscopic sterilisation/ simple adnexal surgery.
- At least 3 summative OSATS confirming competence by more than one assessor (can be achieved prior to the specified year) - Basic ultrasound modules with relevant summative OSATs for trainees starting as ST1 from August 2013 onwards.
- Evidence of at least one consultant observed summative OSAT for each item confirming continuing competency since last ARCP - caesarean section, operative vaginal delivery, surgical management of miscarriage.
- Mini-CEX x8 and CbDs x8 - These should be obtained throughout the year, not just in the weeks before ARCP/RITA. The WBAs should reflect a level of complexity expected at that year of training. Trainees should have a mixture of obstetrics and gynaecology WBAs and, in the first 5 years of training, there should be four in obstetrics and four in gynaecology. Thereafter, they should reflect the nature of the attachments undertaken.
- Reflective practice x8 - The number of reflective practice logs that have been revealed to the educational supervisor. Reflective practice logs should include reflection on all serious and untoward incidents and complaints that the trainee has been named in.
- Regional teaching - attendance at regional teaching programme as per regional guidelines.
- Obligatory courses - obstetric simulation course – ROBUST or equivalent for trainees entering ST1 from August 2015 onwards.
- Team observation (TO) forms - TO1s at least twice per year as per RCOG recommendations.
- Clinical governance (patient safety, audit, risk management and quality improvement) - 1 completed and presented project, Evidence of attendance at local risk management meetings.
- Teaching experience - documented evidence of teaching (e.g. to medical students/ foundation trainees/GPSTs), organising departmental teaching of medical students/FYs/ GPSTs.
- Leadership and management experience - evidence of departmental responsibility e.g. rota/ departmental meetings, working with consultants to organise (e.g. “office work”) including clinical administration and dealing with correspondence.
- Presentations and publications (etc) - as per previous annual review discussion.
- Trainee Evaluation form (TEF) - TEF completed on ePortfolio.

Departmental timetable

Monday	am	Doctor's Office, Labour Ward	• Handover of cases along with consultants for obstetrics and gynaecology hot week. • Allocated doctors will attend clinics, maternity day units, elective caesarean patients, antenatal and postnatal ward rounds. • Early pregnancy unit and acute gynaecology will be managed by the on-call ST2s with the help and guidance form ST3+ as well as hot week gynaecology consultants. • High risk obstetric antenatal clinic.
	pm	Monday Lunch time meeting : 13:00 to 14:00 High Risk Obstetric Antenatal Clinic	• First Monday of each month - diagnostic imaging meeting. This is attended by a consultant radiologist and trainees or consultants present their cases. • Third Monday each month - neonatal morbidity and mortality meeting attended and facilitated by consultants from both obstetrics and neonatology department.
Tuesday	am	Doctor's Office, Labour Ward	• Handover of cases along with consultants for obstetrics and gynaecology hot week. • Allocated doctors will attend clinics, maternity day units, elective caesarean patients, antenatal and postnatal ward rounds. • Early pregnancy unit and acute gynaecology will be managed by on-call ST2s with the help and guidance form ST3+ as well as hot week gynaecology consultants. • High risk obstetric antenatal clinic day surgery session.
	pm	Vaginal birth after caesarean clinic (VBAC) Main theatre session Day Surgery Session	
Wednesday	am	0800-0900 Formal Teaching – Seminar Room Doctor's Office, Labour Ward	• Hand-over of cases along with consultants for obstetrics and gynaecology hot week. • Allocated doctors will attend clinics, maternity day units, elective caesarean patients, antenatal and postnatal ward rounds. • Early pregnancy unit and acute gynaecology will be managed by on-call ST2s with the help and guidance form ST3+ as well as hot week gynaecology consultants. • High risk obstetric antenatal clinic. • Main theatre session.
	pm	Gynaecology clinic Main theatre session	

Thursday	am	0800-0900 Formal Teaching CTG Meeting Doctor's Office, Labour Ward	• Handover of cases along with consultants for obstetrics and gynaecology hot week. • Allocated doctors will attend clinics, maternity day units, elective caesarean patients, antenatal and postnatal ward rounds. • Early pregnancy unit and acute gynaecology will be managed by on-call ST2s with the help and guidance form ST3+ as well as hot week gynaecology consultants. • Diabetic antenatal clinic. • Main theatre session.
	pm	Gynaecology Oncology clinic	
Friday	am	Doctor's Office, Labour Ward	• Handover of cases along with consultants for obstetrics and gynaecology hot week. • Allocated doctors will attend clinics, maternity day units, elective caesarean patients, antenatal and postnatal ward rounds. • Early pregnancy unit and acute gynaecology will be managed by on-call ST2s with the help and guidance form ST3+ as well as hot week gynaecology consultants. • High risk obstetric antenatal clinic • Day surgery session
	pm	Day Surgery Session Multidisciplinary Gynaecology Oncology Meeting	
Emergency Cover		Labour ward Maternity Day Unit Acute Gynaecology	

The following should be achievable through the formal and informal teaching opportunities provided above, with the following possible exceptions that are delivered outside the routine schedule.

https://www.rcog.org.uk/en/careers-training/specialty-training-curriculum/core-curriculum

Core Module	Possible exception	Comment
Core Module 1	Formal course: Breaking bad news	
Core Module 2	Formal courses in: Appraisal and assessment teaching skills	Presentation skills are taught as a form of regional trainee away days
Core Module 3		
Core Module 4		
Core Module 5	Formal course: Obtaining consent - basic practical skills in obstetrics and gynaecology course (RCOG approved)	Attendance at these courses will be facilitated. The nearest hospital where this course is conducted on a regular basis is St. Somewhere NHS Trust.

Core Module 6		
Core Module 7		
Core Module 8	Basic obstetric ultrasound theoretical course,	Attendance at these courses will be facilitated. The nearest hospital where this course is conducted on a regular basis is St. Somewhere NHS Trust.
Core Module 9		
Core Module 10		PrOMPT courses are held locally on a four weekly basis.
Core Module 11		
Core Module 12	Massive obstetric haemorrhage Perineal trauma course	Attendance at the yearly RCOG's MOH course will be facilitated Attendance at the 6-monthly Wherever University Hospitals Perineal Trauma course will be facilitated
Core Module 13	Problems of puberty rape/ forensic gynaecology paediatric gynaecological problems	All taught as a form of regional trainee away days
Core Module 14	Assisted reproduction course	
Core Module 15		
Core Module 16		
Core Module 17		
Core Module 18		
Core Module 19		
Ultrasound training		These need to be completed by the end of ST3 training. No problems foreseen with delivering this element of training.

Other:

In addition to the formal opportunities identified through the curriculum, opportunities may also arise in the post to gain experience teaching and supervising, and to participate in audits and quality improvement work.