

## **SOP for Obstetrics & Gynaecology rotation November 2024**

### **Aim**

This document summaries the processes used when allocating hospital placements for resident doctors in Obstetrics & Gynaecology. The main rotation takes place on the first Wednesday in August each year and includes new ST1 doctors, all trainees currently in programme, those returning to programme, ST3 direct entries and inter deanery transfer doctors. There is a much smaller rotation in February when small numbers of ST1 and ST3 direct entry doctors start as well as inter deanery transfer doctors.

### **ST1 resident doctors**

A newly appointed resident due to commence training in Obstetrics and Gynaecology as ST1 in August is contacted by the ST1-2 TPD in the preceding May/June once the School has been notified of their details by the national recruitment team. The TPD sends the newly appointed resident a list of those hospitals where ST1 placements are available and requests that they rank their hospitals. The School receives the ranking at national recruitment interviews of all the new ST1s and uses these rankings to assign newly appointed residents to units e.g. the most highly scoring doctor receives their first choice and so on. There is a small intake of ST1s in February and they are placed according to interview score, preference and unit availability.

### **ST2-3 resident doctors**

The RCOG stipulates that resident doctors should remain in the same hospital for ST2 and ST3 to facilitate the transition from first on call to second on call. The TPD sends those doctors due to commence ST2 in August a list of those hospitals where ST2-3 placements are available and requests that they rank the hospitals. Ranking at ST1 national recruitment is used in cases where hospitals are oversubscribed.

ST2 doctors remain in the same hospital for ST3.

### **ST4+ resident doctors**

All resident doctors who will be ST4+ level from August are sent a preference form in the preceding January. The residents are asked for three choices of hospital and for educational reasons for these choices as well as any other important considerations such as domestic responsibilities, parental leave, OOP applications, working LTFT etc. They are also asked to list where they have worked previously. Doctors who are moving into ST5 will start SITMs (Special Interest Training Modules). Interviews are conducted in February /March for all doctors moving into ST5 during the next rotation. The information from SITM interviews and the preference forms (from all ST4+ doctors) are taken into consideration at the rotation meeting which takes place in late March. The rotation meeting is attended by Head of School, Associate Head of School, training programme directors and SupportTT/LTFT leads as well as the School administrative team. Training for some SITMs is available at all units, but training for other more specialised SITMs can only be provided at a few units. ST7s are placed first as they are approaching the end of training and have specific training needs followed by

ST6s, ST5s and finally ST4s. Allocations are dependent on training requirements, resident doctor's preferences and where they have worked previously. The training requirements at ST4 are generic and can be achieved in all hospitals. Anyone with specific training requirements such as scanning or specific surgical requirements will also be prioritised.

The rotation is sent out to the resident doctors in programme mid April allowing a two week window for any queries and adjustments before the final version is submitted to the Lead Employer in early May.

The School receives details of ST3 direct entry doctors and inter deanery transfer doctors in June. As the rotation allocations have already been sent out to resident doctors by this point ST3 direct entry doctors and inter deanery transfer doctors are placed in hospitals with available slots according to training needs.

### **Less than full time working (LTFT)**

Resident doctors that are working 50% or 60% would normally stay in the same hospital for two years. Those that are working 70-80% would normally be at the same hospital for one year.

### **Doctors returning from parental leave**

Doctors returning from parental leave will ideally return to the same hospital i.e. where they were working before their parental leave. If the doctor wants to return to a different hospital they are advised to discuss this with their training programme director.

### **Doctors returning from OOP**

Doctors returning from OOP are advised to discuss this with their training programme director or the Head of School or Associate Head of School. If returning in August then they will be sent the preference form as above. If returning outside of the normal rotation then they will be placed in units with available slots according to training needs.

### **Doctors requesting flexible working**

Flexible working is supported and encouraged. There are two windows of application for flexible working -to commence at rotation time in August and February. Sixteen weeks' notice is required and information with regards to the application process can be found on the NHSE NW web site.

### **Rotations at other times of the year**

Moving hospitals at any other time of year is exceptional. There would need to be very specific reasons for this eg. SITM training no longer available due to changes in the consultant workforce at a unit or a recommendation by Occupational Health.

**General themes**

RCOG tutors are asked to provide updated information about their hospitals every autumn including their capacity to provide SITMs. This information is available on the School web site for trainees to access when deciding their hospital choices. Those doctors who have commuted long distances or spent time in geographically isolated hospitals will have this taken into consideration when their next placement is being allocated. Consideration is given in trying to ensure resident doctors work in a variety of types of hospital to ensure a good breadth of experience during training.

Occupational Health recommendations are taken into consideration. Additionally those trainees struggling with professional exams may remain in a hospital until the examination is passed if this is their preference and can be facilitated. Doctors with specific training needs may be prioritised to rotate to a specific unit where this can be supported.