NHS
Health Education England

Postgraduate Medical and Dental Training Rotations
A Proposal for August-October 2020

Purpose

This paper sets out the key considerations regarding the currently planned rotation of postgraduate medical and dental trainees in August, September and October 2020 in the context of the increased work pressures and wider training, educational and personal challenges arising from the COVID-19 pandemic.

Background

Most trainees in postgraduate medical training programmes traditionally rotate from their current post to a new post on the first Wednesday of August. For many Trainees this results in the ending of one employment contract and a new contract being issued by their new employer. For others this will be the first post in a new programme, to which they have successfully been recruited following national selection.

August rotational changes affect approximately 41,000 trainees across England, of these 10,000 trainees remain in the same hospital/Primary Care placement.

August rotations occur in the following specialties

ACCS (ST1-3)
Anaesthesia (CT1,2 and ST3)
CSRH (ST1)
CST (CT1,2)
Dental Foundation
Emergency Medicine (Core and higher)
Foundation
General Practice (All levels)
Higher Medical Specialties (exceptions; Oncology, Palliative Medicine) (IMT3/ST4)
Higher Surgical Specialties (exceptions; ENT, General Surgery T&O and Urology)
IMT (IMT1,2)
Medical Ophthalmology
Neurosurgery
Obstetrics and Gynaecology (All levels)
Ophthalmology (All levels)
Pathology (ST1)
Psychiatry (Core and Higher)
Public Health Medicine (ST1)
Radiology (All levels)

For a small number of higher specialty training programmes, rotations occur in September (Dental Core Paediatrics, Gastroenterology, Palliative Medicine) and October (ENT, General Surgery, T&O, Urology, Medical and Clinical Oncology). There is some variation between local offices.

Scope

This paper encompasses the educational, personal, employment, and service implications of altering the August 2020 changeover date in the light of the increased pressure within the healthcare system as a result of the NHS response to the COVID-19 pandemic. It proposes potential options for managing the August/September/October changeover and includes risks, mitigation and contingency planning where relevant.

Key Considerations

Education and Training

Trainees who have been successful at national recruitment will be expecting to commence their new postgraduate training programme and will see this as a significant milestone in their career progression which they would not want to be delayed.

Trainees who are already in a training programme will be expecting to rotate to a new placement as this will widen their experience and allow them to gain new capabilities in order to meet curricular requirements. There are therefore clear advantages to rotating to a new placement at this time for the majority of trainees.

However, some trainees will be in a post, for example in a tertiary centre, which is the only placement in their rotation which can deliver some parts of the curriculum. If they have not had the opportunity to achieve these curricular requirements because of the pandemic, they may want to stay in their current post. At the same time, there will be other trainees, who will be expecting to move into these same posts in order to achieve these same curricular requirements. Instances such as this will need to be managed on a case by case basis (perhaps by allowing the original trainee to return to the post later in their training). In some instances, this may involve groups of trainees.

Trainees who have returned from OOPR/Research to deliver clinical medicine will need to be able to complete the academic component of their training. This is a complex piece as many are intrinsically embedded in support covid rotas within tertiary centres. Additional time may be needed to facilitate the transition between clinical work and research.

F1 Trainees who have had a satisfactory ARCP outcome and have gained full registration will reasonably be expecting to move to their F2 posts. FiY1 trainees who commenced in April 2020 as well as F1s who did not undertake an FiY1 post will be expecting to commence in their allocated F1 post in their selected Foundation School on 5 August 2020. For those trainees who elected to take up their FiY1 post close to their medical school this is likely to involve moving to a new post in their selected Foundation School. A delay to this may impact on changes to the delivery of the foundation curriculum, require mid-year induction, present challenges in terms of transfer of information/e-portfolio, accommodation, RO and will require careful allocation of posts in order to ensure each F1 trainee had the opportunity to achieve the competences required for full registration and progression to F2 roles in August 2021.

Personal and Social

Trainees who have been on the front line of delivering patient care during these most challenging times must be offered appropriate support. The decisions and situations this group of trainees will have faced are likely to have a profound effect on their resilience and their emotional and physical well-being, with some suffering from post-traumatic stress disorder (PTSD). The support required must not be underestimated and as a result it may be most appropriate to keep some groups of trainees closely connected so that they are able to offer each other peer support. For others, it is recognised that there is a need for a degree of separation in order to aid recovery.

There is the potential for an increase in resignations and/or long-term absences due to PTSD which may create more gaps; the ability to build in flexibility to rotations and programmes will be important to retaining the workforce. In addition, it is anticipated that the number of trainees asking to work Less Than Full Time will increase.

Some trainees will be looking forward to the opportunity to rotate or commence their new programme, following an incredibly challenging period. HEE will need to provide reassurance that trainees are able to pursue their chosen career.

The need to provide clarity regarding August rotations is critical so that trainees have some “certainty” in their lives and can plan their family life as well as practicalities such as accommodation, removals, travel and childcare.

Those who achieve their CCT in July will wish to be released to take up their Consultant/GP posts. This will create gaps if other more junior trainees are not able rotate. A separate paper will be required to explore issues arising for trainees who are unable to gain their CCT.

Employment

Trainees due to rotate in August will have employment contracts which cease on 4 August 2020. These will require an extension should trainees not be able to rotate in August. This should be easily manageable.

Trainees successful at recruitment and recommended for posts to commence in August 2020 will have a reasonable expectation of being able to do so. In order to avoid ‘double’ running posts, whilst leaving others vacant, it will be necessary to move some trainees in August to accommodate these ‘new starters’ as well as those progressing to the next stage in training

To provide medical staffing teams with sufficient notice of changes, information will need to be shared between 8 and 12 weeks prior to the trainees’ anticipated start dates. Training programme directors will need time to allocate rotations and TIS will need to be updated. It is unlikely that an estimate of the number of extensions to training which will be required will be known at this stage.

Service Delivery

It is well recognised that trainees deliver critical NHS ‘service’ and the arguments around the pressure on service as a result of large number of junior doctors changing rotations/Trusts in August are well rehearsed.

The demands on service in August 2020 are likely to be higher than usual as a result of COVID-19. There are benefits of continuing to provide some stability to service delivery through not rotating all trainees August, allowing more senior trainees to remain in post will help support the induction of more junior trainees. It also enables groups of trainees to continue to work in an area with which they are familiar.

It is equally recognised that as we move into the summer and autumn, trainees are unlikely to move to rotas which resembled those from a year ago and it is likely that hybrid rotas will be needed in order to manage a combination of elective and covid work. HEE, the BMA and Trusts will need to work closely together to manage expectations of trainees throughout this period Whilst staggering changeover dates allows more time to understand implications of rota changes for senior trainees , and reduces pressure on service delivery in August, the impact of onboarding, carrying out inductions and embedding new starters into teams in October needs to be acknowledged.

Potential benefits of not rotating will need to be balanced against, the educational gains of rotating, the risks of burnout of trainees who will remain in highly pressured posts and the reputational damage to HEE if the trainees do not rotate.

Data Analysis

The appendix sets out historical data relating to the August rotation change for postgraduate medical and dental trainees. The data source includes information from TIS and focusses on site changes, as opposed to Trust/Employment body changes.

The purpose of focussing on *site* changes rather than Trust /Employing body changes is to ensure recognition of departmental and site induction, orientation and rota design. Interrogating the data at Trust level only would not have identified all the changes which take place. The benefits of streamlining and the widespread introduction of the digital staff passport will mitigate against any repetition of statutory and mandatory induction which would occur if changing Trust, but not necessarily site.

A summary of each table in the Appendix is found below.

Distance Travelled Per Rotation Per Year

This table shows the distance trainees travel between rotations in August has reduced from 2016 to 2019. This change is recognition of the work undertaken by HEE during this period to create geographically sensible rotations and minimise rotational changes.

Change in Site %

This table shows the aggregated data for the period demonstrating that 69% of the total number of trainees change site in August. In 2019, 57% of those trainees, travel less than 18 miles to their new place of work from their previous site. A further 28% of trainees travel between 19 and 62 miles to their new place of work from their previous site. The travel distances suggest that for many trainees there will not be a need to relocate in order to take up their new rotation.

The table also shows the aggregated data for the period demonstrating that 31% of trainees do not change site in August. (approx. 9708).

It should be noted that the data in **'Change of Site %'** excludes those trainees who have never had a placement with HEE previously, and therefore excludes all F1 trainees (c6000)

Number of Rotations Per Grade Per Year, Filtered by new site.

This table shows the current split of site changes in August. This data includes F1 trainees. A summary is provided below;

Figure: Summary of Site Changes per Grade

Level	Representative % of total site changes	Headcount of trainees
F1	19.6%	6,227
F2	13.3%	4,225
CT1	8.2%	2,609
CT2	5.6%	1,787
CT3	1.6%	192
ST1	13.3%	4,219
ST2	9.4%	2,966
Sub Total (F1-ST2)		**22,225**
ST3	12.3%	3,900
ST4	5.2%	1,638
ST5	4.7%	1,493
ST6	8%	1,216
ST7	2.4%	767
ST8	0.5%	166
Sub Total (ST3-8)		**9,180**
Total		**31,405**

The number of rotational changes in F2 and CT2 are noteworthy. However, they maybe be explained by rotations which include teaching hospital and DGH time to ensure curriculum coverage and in part, are designed purposely to enhance attraction to a particular region. Psychiatry and GP rotations will also result in site changes in Foundation programmes.

Previous Placements

Of the total number of trainees starting a placement in August, the data shows that 80.4 % had previous training placements with HEE. 19.6% of trainees had never had a placement with HEE previously. 80% of these are F1s, however it is noted that 10% of trainees who have not had a placement previously with HEE, commence at ST1 level.

Rotation Map (Trainee changes per geographical area)

This graph shows that trainees largely remain in the geographical area to which they have been previously recruitment to. (Previous placement is shown in blue, new placement in purple).

This data associated with these graphs shows that in 2019, over 93% of trainees' placements remained within the same HEE office geography, during August changeover. The 7% of exceptions relate to OOP, and trainees commencing their first role with HEE at CT1 and ST1 level.

Timeframe for decision making

A decision on which option to adopt will need to be made by 30th April 2020 in order to ensure compliance with Code of Practice Deadlines.

Although Trusts might be able to accommodate less notice than this, the late notification of site, location and rotas will negatively impact on the trainees' ability to plan accommodation, childcare and any other caring responsibilities.

It is unclear at this stage whether planned house moves, childcare arrangements will be able to progress. Early notification of decisions regarding rotations will support planning; however, it may not be possible to accommodate the volume of moves required for August, once businesses and schools are able to re-start.

Ongoing delays in this decision are leaving trainees increasingly uncertain and anxious.

Educators need sufficient time to identify curriculum requirements that have been missed by individual trainees during the COVID19 response. Whilst opportunities to consider the repetition of posts can be managed throughout the following year of training, there will be a significant proportion of trainees in existing core level training posts, where providing the TPD with additional time at this stage to revisit the rotations originally planned will make a significant difference to their training progression.

Options

Option 1: Rotate all Trainees as planned (i.e. maintain current rotations across all specialties, programmes and levels of training)

Benefits

1. This will enable existing junior doctor rotas to be unchanged.
2. Workload across medical staffing and payroll teams would remain unchanged
3. Trainee expectations regarding start and rotation dates will be more easily managed.

Risks

1. Service pressures at the time of the August changeover are likely to be significantly higher than in "normal" years, either because the COVID-19 pandemic is still ongoing or because the NHS will be managing the backlog of urgent and "routine" care that has built up during the pandemic. Having 38,000 trainees physically moving between locations, being inducted and then settling into their new posts at the same time has always posed a small risk to patient care and experience. Doing this in 2020 when a period of unprecedented demand is anticipated will significantly raise this risk potentially to unacceptable levels.
2. It is unclear whether there is sufficient planning time available to ensure existing trainees rotate in to posts which take account of any missed learning opportunities.

Option 2: All rotations are delayed by 6 months, with start dates of February 2021

Benefits

1. Trainees are able to 'catch up' on any missed curriculum requirements within their current post

2. Trainees are able to continue working with colleagues who have supported them through this challenging period.
3. Pressure on induction, onboarding and rota changes is delayed allowing more time for the system to recover
4. Trainees will be more likely to easily manage house moves and arrange childcare where necessary
5. Option 2 could become a potential contingency plan, which could be put in place in the event of the pandemic still being a significant public health risk preventing rotations in August/September/October

Risks

1. HEE / GMC have guaranteed that progression in training will not be affected by COVID19. This guarantee would not be met with this approach
2. Many trainees will feel disadvantaged by delaying rotations, including those currently in posts with long commute times from their base, those who are due to rotate to posts which are matched to their next stage of training and those in highly pressured posts who are due to rotate to a less stressful placement.
3. This is likely to result in significant reputational damage to HEE unless it is managed very sensitively.
4. It will require considerable extra work for Training Programme Directors and is more likely than other options to lead to recommendations for extensions to training with their associated costs
5. Rota gaps would be created as trainees gain their CCT. However, it is anticipated that the numbers of consultant posts advertised over this period will be small and the delay to Consultant appointments may result in an increase in CCT holders taking Periods of Grace, thereby mitigating this risk.
6. Recruitment offers which have already been made will need to be honoured and the resultant need for double running of posts would cause a significant cost pressure for the NHS
7. Placements would need to be for only six months in order to realign start dates with graduation from medical schools (unless graduation of future cohorts of medical students is delayed because of the pandemic)
8. The pandemic may still pose a significant public health risk in February 2021 and a further delay to rotations may need to be considered

Option 3. A Staggered Approach to Rotating Trainees

In order to 'make a difference' to the pressure on service which inevitably results from rotating trainees, while maximising the benefits of them rotating on education and training and trainee wellbeing, a staggered approach to commencing rotations could be a solution. A staggered approach to rotating trainees has been in place in some parts of the country, notably London, for some years and has been shown to be deliverable. One potential model is as outlined below

3.1 Foundation, Core, Run-Through Programmes (Except: Paediatrics who will continue to rotate in September) and Dental Foundation will commence/rotate as planned on Wednesday 5 August 2020.

Benefits

1. This enables Trusts to run induction for groups of trainees.
2. Round 1 recruitment 'offers' can be honoured.

3. There is mitigation against all trainees rotating at the same time and enables higher trainees to provide supervision and support which will benefit both patients and junior colleagues and facilitate safer onboarding and induction.
4. The volume of trainees moving at the same is reduced, thereby mitigating concerns around an inability to rotate due to service pressures and leaving more time to manage more complex transitions at higher specialty training level. The result being that even at this early stage HEE could be reasonably confident that it is able to commit to and deliver rotational changes at this time.

Benefits for Foundation

1. This approach also provides clarity for FiY1 doctors, many of whom will have undertaken induction in the Trust they are allocated to work within in August.
2. Current F1 Trainees are able to progress to F2 in line with the acquisition of full registration from the GMC

Benefits for Core

1. Supervision and support is provided by higher trainees who have experience of working at the same site/department/rota
2. Recruitment offers can be honoured

Benefits for General Practice Specialty Training

1. Starting GP ST1 Trainees and rotating ST2s and ST3s on 5th August will support timelines around GP expansion, facilitate the placement of deferrals and will ensure a minimal impact on recruitment to posts in February and August 2021.
2. It will be necessary to develop creative contingency plans in order to accommodate existing GP ST3 Trainees who require an extension to complete training. Examples might include placing trainees in the PCN in which their 'host' practice is based with one day per week back in their employing practice to focus on exam preparation, or utilising hospital posts to create an innovative placement.

Benefits for Run-through programmes

1. This enables Round 1 recruitment offers to be honoured and provides reassurance to trainees that they are able to commence their chosen specialty.
2. Paediatric trainees will continue to rotate in September, which has the benefit of supporting the reduction of pressure on August and minimising any unnecessary changes.

<u>3.2 Higher Specialty Training will rotate on Wednesday 2 September or Wednesday 7 October 2020</u>

Benefits

1. This will reduce the number of 'new' starters in August, relieving pressure on service. Those trainees who were due to rotate on the first Wednesday in October will continue to rotate then
2. Increased time will be available for educators to assess portfolios and allocate posts/rotations.
3. HEE and system partners will have a longer lead in time to adhere to code of practice requirements
4. Trainees with time between the end of their current employment contract and commencement of new rotation will be provided with a range of options by their employer.

a. To take unpaid leave (nb this will not impact on their continuity of service)
b. To extend their existing contract for one month in order to continue on existing rotas
c. To take any remaining annual leave
d. To join a locum bank for one month

Risks

1. Medical staffing and payroll teams will be impacted by the additional workload required to manage two large-scale induction/onboarding processes; However, this work will be spread across a longer period of time, reducing its intensity, but meaning that the pressure will be sustained by these teams for longer. Although this additional workload could be mitigated in part through the use of on-line induction, and the implementation of streamlining, it is acknowledged that a significant proportion of induction and onboarding is face to face. Careful consideration as to how we support these teams will be essential.
2. The consultation process regarding this change may take time, which may impact on gains around staggering rotations. An early decision will be critical.
3. Rotas may be destabilised during August/September, particularly as trainees may wish to take paid or unpaid leave during this period. Consultant cover will also be diminished in August due to annual leave. Early data regarding trainee intentions and annual leave will be needed so that rota planning can take place at the earliest opportunity.

Option 4

This option acknowledges the need for local offices to determine the rotation dates for all existing trainees, taking in to account; availability of posts, curriculum requirements, changes to the services delivered across Trusts and Primary Care over the coming months and the subsequent impact on training opportunities: whilst also ensures that HEE deliver on the start dates for trainees commencing a new programme, as advised during 2020 recruitment rounds.

This option will deliver a staggered model of rotating trainees whereby; all trainees commencing the **first** post within a **new** training programme to which they have applied and been recruited to in 2020 (including trainees appointed in 2019 who deferred their start date to commence in 2020) will commence as planned at the point of recruitment. Each local/regional HEE office will determine the rotation date for all existing trainees who are rotating through their current foundation, core or specialty programme.

Benefits

1. The benefits for each level of training as described in Option 3 continue to be realised.
2. Round 1 and Round 2 recruitment ‘offers’ can be honoured, HEE can provide reassurance to trainees that they are able to commence in their chosen programme.
3. There is mitigation against all trainees rotating at the same time and enables higher trainees to provide supervision and support which will benefit both patients and junior colleagues and facilitate safer onboarding and induction.
4. The volume of trainees moving at the same is reduced, thereby mitigating concerns around an inability to rotate due to service pressures and leaving more time to manage more complex transitions at higher specialty training level. The result being that even at this early stage HEE could be reasonably confident that it is able to commit to and deliver rotational changes at this time.

5. HEE local/regional offices can work with their systems to understand local nuances around service delivery, availability of posts, location of activity to enable training opportunities, requirements of trainees including the need to accommodate extensions to training.
6. This option recognises that the majority of trainees remain within their HEE office geography and therefore it is possible to make region-specific decisions without de-stabilising training programmes.
7. HEE offices can spread the risks around an August rotation by selecting rotation dates for existing trainees between August and October 2020.
8. Increased time will be available for educators to assess portfolios and allocate posts/rotations.
9. HEE offices can work with HRDs/MDs and DMEs locally to determine the pace and timing of rotational changes for existing trainees, facilitating discussions around workload management around induction and onboarding.

Risks

1. HEE offices will need time and capacity to agree changes with Heads of School/ TPDs, DMEs, MDs, and HRDs. An early decision will be essential to provide time for discussions and agreement to take place.
2. Rotas may be destabilised during August/September, particularly as existing trainees may wish to take paid or unpaid leave during this period. Consultant cover will also be diminished in August due to annual leave. Early data regarding trainee intentions and annual leave will be needed so that rota planning can take place at the earliest opportunity.

Proposal and Recommendations

HEE is committed to doing all we can to ensure that training progression is not affected by the post changes made as a result of the response to tackling COVID-19. In addition, the minimisation of any impact of trainees rotating on the continuity and safety of patient care is paramount.

It would be preferable to adopt just one proposal in order to provide consistency, clarity and fairness and to manage workload for employers. However, it is recognised that there will be special circumstances which affect some specialties, groups of trainees and individuals. As such, there is a need to manage rotational changes on a geographical basis in order that rotations can be designed and choreographed recognising local nuances; such as the availability of teaching hospital, DGH and Practice capacity, the location and funding of posts and an understanding of NHSE/I plans for service delivery over the coming 12 months.

For these reasons, Option 4 is recommended. This will deliver a staggered model of rotating trainees whereby; all trainees commencing the **first** post within a **new** training programme to which they have applied and been recruited to in 2020 (including trainees appointed in 2019 who deferred their start date to commence in 2020) will commence as planned at the point of recruitment. Each local/regional HEE office will determine the rotation date for all existing trainees who are rotating through their current foundation, core or specialty programme.

In order to further reduce the impact on rotations, it is recommended that local education providers education providers and HEE work together to ensure that the use of on-line and other non-face-to-face resources for induction is maximised, so that those parts of induction which have to be delivered face-to-face can be undertaken in the minimum time needed.

Actions required

To consider the proposal as outlined above and to determine next steps to ensure co-production and consultation with key stakeholders.

Suggested groups to consult with;

HEE Postgraduate Deans and Business Managers	
Junior Doctor Committee, BMA	
NHS Employers	
Academy of Medical Royal Colleagues	
MDRS	
GMC	
NHS Wales	
NHS Education for Scotland	
NI MDTA	

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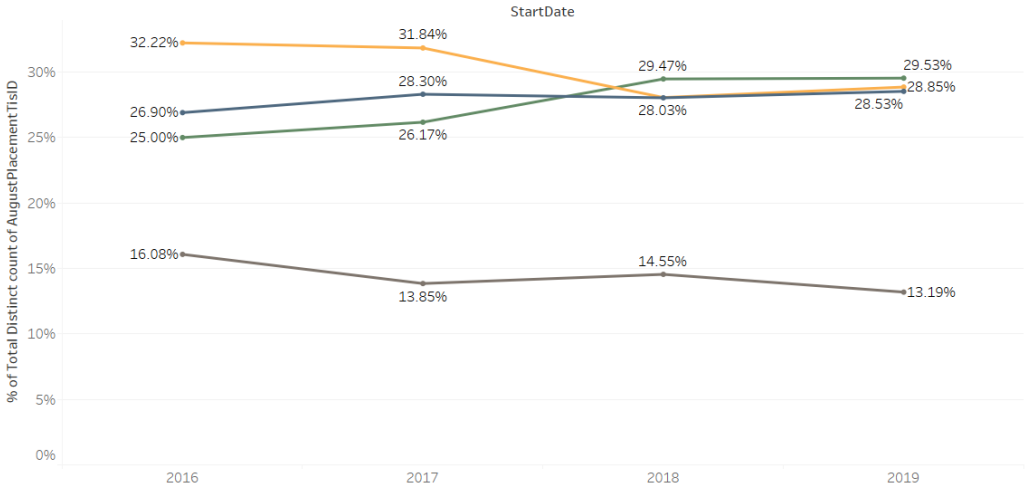
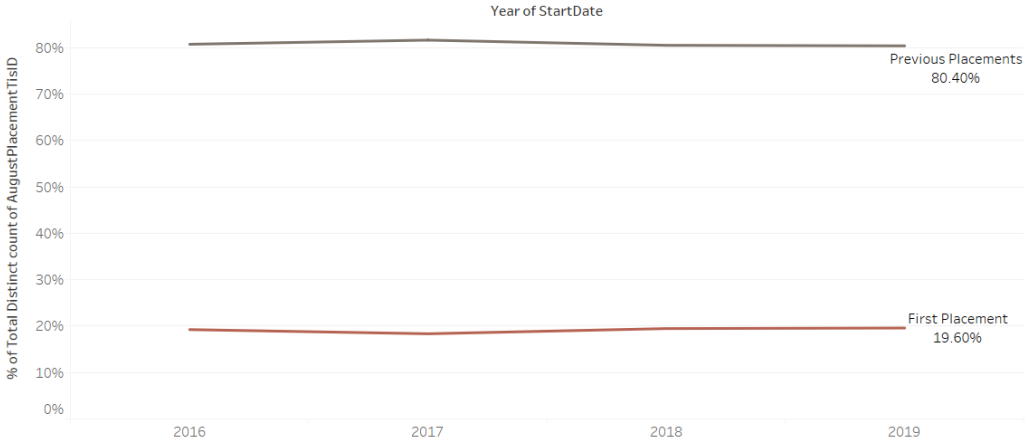
August Rotation Modeling

No. Aug 2019 Starting Placements - 41,318

Distance Traveled per Rotation Year - *Excludes Trainees without concurrent previous placement and trainees that remained at previous placement site*



Percentage of First Placements - *First Placement defined as never having a training placement previously recorded*



Change in Site % - *Aggregated data over 2016-19 period. Excludes Trainees without concurrent previous placement.*

New Site	69.18%
Same Site	31.28%

Distance Traveled Overall % - *Aggregated data over 2016-19 period. Excludes Trainees without concurrent previous placement and trainees that remained at previous placement site*

Under 10 km	27.58%
10-30 km	27.95%
31-100 km	30.21%
Unknown	14.39%

First Placement Grade % - *First Placement defined as never having a training placement previously recorded*

F1	79.77%
F2	1.48%
CT1	6.14%
CT2	0.02%
ST1	10.15%
ST2	0.18%
ST3	1.80%
ST4	0.37%
ST5	0.06%
ST6	0.03%
ST7	0.01%

Number of Rotations per Grade per Year - *Filtered for New Site only.*

AugustGrade	2016	2017	2018	2019
F1	20.86% 6,033	19.78% 5,928	19.60% 6,110	19.62% 6,227
F2	13.92% 4,026	14.54% 4,360	13.58% 4,232	13.31% 4,225
CT1	9.18% 2,656	8.37% 2,509	8.58% 2,675	8.23% 2,611
CT2	6.44% 1,864	5.96% 1,788	5.74% 1,790	5.63% 1,787
CT3	1.64% 475	1.68% 503	1.67% 520	1.55% 492
ST1	11.10% 3,211	11.29% 3,385	12.70% 3,959	13.28% 4,216
ST2	8.69% 2,514	8.91% 2,670	8.54% 2,662	9.35% 2,967
ST3	11.66% 3,373	12.44% 3,730	12.51% 3,900	12.29% 3,901
ST4	5.44% 1,574	5.42% 1,626	5.18% 1,614	5.16% 1,638
ST5	4.77% 1,379	4.93% 1,477	4.97% 1,548	4.70% 1,493
ST6	3.70% 1,071	3.92% 1,176	4.07% 1,269	3.93% 1,247
ST7	2.08% 601	2.29% 687	2.39% 744	2.42% 767
ST8	0.50% 145	0.46% 138	0.48% 151	0.52% 166
Grand Total	100.00% 28,922	100.00% 29,977	100.00% 31,174	100.00% 31,737

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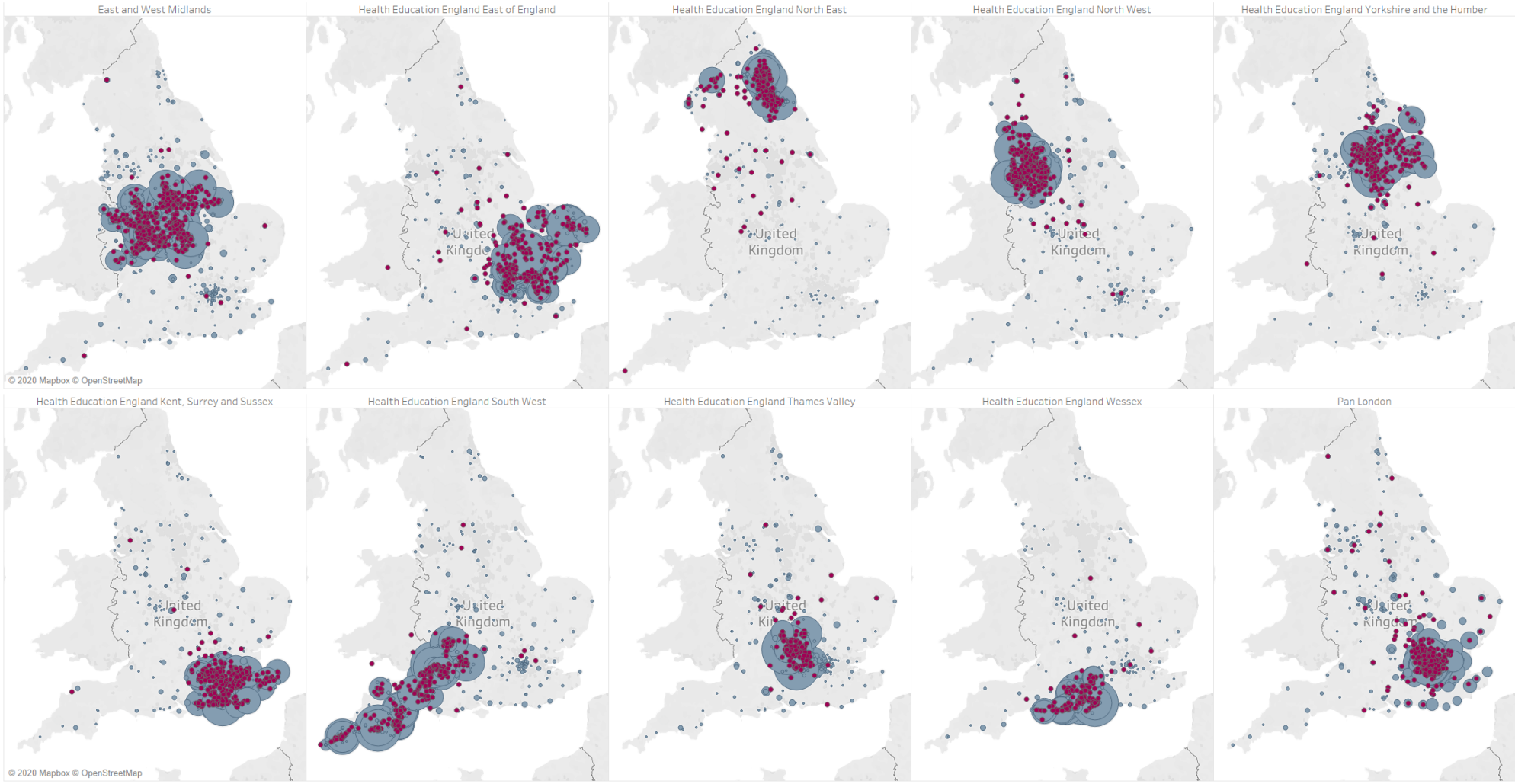
August Rotation Map - All Local Offices *- Excludes Trainees without concurrent previous placement*



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