



NHS workforce, training and education

East of England

School of Obstetrics and Gynaecology

Document type: Standard Operating Procedure (SOP)

Title: Rotation across 17 Hospitals in the NHS – WT&E East of England for Doctors in Training in Obstetrics and Gynaecology

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Date of approval: 16th January 2026

1. Purpose

This SOP outlines the standardised process for planning, managing and supporting the rotation of doctors in postgraduate training across the 17 hospitals in the NHS WT&E East of England (EoE) Obstetrics and Gynaecology (O&G) training programme.

The SOP supports the implementation of point 9 of the NHS England *10-Point Plan to Improve Resident Doctors' Working Lives* (August 2025): "We will reduce the impact of rotations upon resident doctors' lives while maintaining service delivery." Its aim is to ensure transparency, fairness, and consistency in placements while maintaining patient safety, quality of training, and trainee wellbeing.

2. Stakeholders

This SOP applies to:

- All Doctors in Training (DiT) in Obstetrics and Gynaecology within the NHS WT&E East of England region.
- All 17 hospitals providing O&G training posts in the East of England.
- Training Programme Directors (TPDs), College Tutors, Educational Supervisors, and the wider clinical and administrative teams in each hospital.

3. Objectives

- To ensure fair and equitable distribution of training opportunities across the 17 hospitals in the East of England.
- To maintain continuity and quality of training in accordance with the O&G curricula 2019 and 2024.
- To provide a transparent and efficient system for scheduling and communicating rotations.
- To support trainee wellbeing and logistical needs during transitions.
- To ensure appropriate governance and oversight of all rotational placements.

4. Stakeholders responsibilities:



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Head of School of Postgraduate Training in O&G is responsible for:

- Overseeing and approving rotational placements each year, including expansion posts as mandated by the Gold Guide.
- Coordinating with TPDs on dispute resolution or exceptional circumstances.
- Overseeing long-term workforce and career planning for all Doctors in Training within the region.
- Assessing, assuring and reporting on quality of training, as well as School performance metrics to the Specialty Training committee, School Board and the Postgraduate Dean.

Training Programme Directors (Regional and SITM TPD) are responsible for:

- Maintaining an up-to-date list of available training posts across all hospitals and grades.
- Developing and maintaining rotational plans that meet curriculum and service requirements.
- Ensuring balanced exposure to different training environments (tertiary centres and district general hospitals).
- Reviewing and approving individual rotations at least six months in advance where possible. This may not apply to newly recruited trainees, as recruitment occurs from February with rotations commencing in August. However newly recruited doctors will be able to choose a fixed four years rotation at the point of recruitment (see paragraph 5)
- Communicating rotation details to Doctors in Training and employing trusts.

College Tutors are Responsible for:

- Supporting trainees' educational objectives during each rotation.
- Securing funding for expansion posts by liaising with Clinical Leads and Divisional Directors and notifying the TPD and Head of School for approval.
- Notify the TPD and HoS of changes in service provision (for example new commissioning or decommissioning of services) that may affect training experience.
- Conducting placement inductions.
- Allocating Educational Supervisors ahead of placement start dates and ensuring ES are updated on curricular and eportfolio changes.
- Advising on career progression and Special Interest Training Module (SITM) choices

Doctors in Training are Responsible for:

- Fully engage with training and educational activities in each placement.
- Providing at least eight weeks' notice of any personal circumstances affecting rotation.
- Providing six months' notice for out-of-programme (OOP) activity or return to training.
- Providing six months' notice prior to scheduled ARCP for requests for acceleration of training.
- Completing required documentation (induction, mandatory training, TEF, GMC survey).
- Adhering to trust policies and GMC professional standards.



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5. Rotation Planning Process

Upon recruitment, each trainee is allocated to a specific geographical area within the NHS WT&E East of England region. This allocation considers training capacity, fair and equitable distribution, and trainee preference where feasible.

5.1 Rotation Planning (ST1–ST4)

The NHS WT&E East of England O&G programme comprises 17 hospitals across the region. To reduce the impact of rotations on doctors' lives, a system of pre-allocation of posts for the first four years of training has been implemented at the point of recruitment. Allocations aim to be geographically close wherever possible.

Rotations are structured to

- Meet curriculum competencies and GMC training standards.
- To providing a balanced range of clinical experiences across a maximum of two sites
- Minimise the number of trust moves required to maximum two whenever possible.
- Rotation options (ST1–ST4) are available on the recruitment platform and depending on individual ranking, resident doctors may choose their preferred rotation.
- Trainees receive their initial four-year rotation plan upon appointment, subject to service needs and educational quality considerations

Examples of ST1–ST4 rotations (subject to annual review and availability):

- Basildon (ST1), Chelmsford (ST2), Chelmsford (ST3), Basildon (ST4), ST5 onwards TBC
- Chelmsford (ST1), Harlow (ST2), Harlow (ST3), Chelmsford (ST4), ST5 onwards TBC
- West Suffolk Hospital (ST1), Peterborough (ST2), Peterborough (ST3), West Suffolk Hospital (ST4), ST5 onwards TBC
- West Suffolk Hospital (ST1), Ipswich (ST2), Ipswich (ST3), West Suffolk Hospital (ST4) ST5 onwards TBC Lister (ST1), Watford (ST2), Watford (ST3), Lister (ST4), ST5 onwards TBC
- Watford (ST1), Lister (ST2), Lister (ST3), Watford (ST4), ST5 onwards TBC
- Colchester (ST1), Southend (ST2), Southend (ST3), Colchester (ST4), ST5 onwards TBC Ipswich (ST1), Norfolk and Norwich (ST2), Norfolk and Norwich (ST3), Ipswich (ST4), ST5 onwards TBC

ST1 and ST4 placements are in the same unit, as are ST2 and ST3 placements. The rationale for keeping ST2 and ST3 in the same unit is to support the transition to the first registrar role at ST3. Remaining in a familiar environment promotes continuity, confidence, and support, and local trainee surveys consistently identify this as a positive experience.



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For Less Than Full Time (LTFT) trainees, transfer to the ST4 unit may be deferred or may occur a few months before completion of the ST3 year. Flexibility will be applied where possible, and suitability for progression to ST4 will be assessed through the ARCP process.

5.2 Special Interests Training Modules (SITMs) Selection and Career Planning

During ST4, trainees undertake a Career Advice Interview to discuss career aspirations, SITM preferences, and individual strengths and aptitudes.

5.3 Rotation Planning (ST5–ST7)

Following SITM allocation, rotations for ST5–ST7 are planned to ensure comprehensive experience within the chosen subspecialty area and progressive development towards CCT requirements. Trainees are informed of rotations well in advance to allow for personal and logistical planning. It may not be possible to achieve all competencies for a specific SITM within a single unit, and highly specialised SITMs may require long-distance travel.

Examples of ST5–ST7 SITM rotations:

- Oncology: Bury St Edmunds (ST5), Ipswich (ST6), Norwich (ST7)
- Urogynaecology and vaginal surgery: Hinchingbrooke (ST5), Peterborough (ST6), Cambridge (ST7)
- Management of complex non-malignant disease: Chelmsford (ST5), Ipswich (ST6) Colchester (ST7)
- Prenatal diagnosis: Chelmsford (ST5), Basildon (ST6), Southend (ST7)
- Maternal medicine: Luton (ST5), Watford (ST6), Stevenage (ST7)

5.4 Special Interests Training Modules Requiring Special Consideration

- Prenatal diagnosis: One year must be spent in a tertiary centre (e.g. Cambridge University Hospital or Norfolk and Norwich).



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- Endometriosis: Four centres are available (Cambridge University Hospital, Norfolk and Norwich, Colchester, Lister). Preferably, only one whole-time equivalent trainee should be allocated to each unit at any one time.
- Robotics: Currently delivered at Lister, Cambridge University Hospital, Norfolk and Norwich, Colchester, and Bedford. Additional centres (e.g. Ipswich, James Paget University Hospital) are anticipated.

6. Trainees Temporarily Leaving the Training Programme

6.1 Out of Programme (OOP)

Where possible, trainees will be allocated to the same training post on return as when they left. This may not be feasible for prolonged OOP periods (greater than six months). Trainees are responsible for contacting the TPD at least six months prior to their intended return to training to discuss requirements and allocation.

6.2 Parental/Statutory Leave

Wherever possible, trainees returning from parental leave will be reallocated to the same training unit and hospital. Efforts will be made to maintain continuity of supervision, clinical exposure, and educational support. Where this is not feasible—due to changes in commuting ability, service reconfiguration, or training capacity—a suitable and equivalent placement within the same geographical area will be offered.

Trainees who leave the programme temporarily (e.g. out-of-programme experience or statutory leave) will return to their allocated geographical area on re-entry. Return to the same training unit cannot be guaranteed, and it is recognised that this may have implications for maternity pay.

6.3 Notification and Exceptional Circumstances

- Rotation allocations will be issued a minimum of 12 weeks before the start date.
- Requests for consideration on compassionate grounds must be submitted to the TPD and NHS WT&E East of England no later than six months prior to rotation commencement. Requests are reviewed on an individual basis on LTFT training and special circumstances.

7. Quality Assurance



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The HoS and TPDs will monitor rotation quality through:

- GMC National Training Survey and TEF survey
- Trainees feedback
- SITM completions
- SITM preceptors' feedback
- ARCP outcomes
- CQC visits
- Quality assurance visits

Underperforming placements will undergo quality review and improvement action planning in line with the Quality Governance Framework.

8. Review and Governance

This SOP will be reviewed every three years by the Specialty Training Committee, in consultation with trainee representatives. Amendments will be documented and redistributed to stakeholders.

9. Document checklist:

Approval: Approved by the Specialty Training Committee and Board on 16th January 2026
Date of next review: January 2029

Version Control: Version 1