**Standard Operating Procedure – TPD Rotation Management**

 **(in accordance with Code of Practice)**

**Background**

HEE is responsible for continuing to implement and improve compliance with the national Code of Practice (CoP). The CoP was implemented some time ago, but compliance was raised as an issue as part of the junior doctor contract negotiations (as a non-contractual matter).. The CoP has since been updated and approved by the BMA, NHS Employers and HEE, and the new version will be implemented in November 2016.

This Standard Operating Procedure relates to the rotational aspect of the CoP.

Every fortnight a ‘Rotation Tracker’ document is circulated to TPDs, HoS, HEE YH staff and LEPs which updates all stakeholders on the progress on rotations.

In relation to the rotation circulation and communication to Local Educational Providers (LEPs) and trainee elements, the agreed timescales are as follows:

**5 months prior to rotation date**. The HEE Programme Support Team (PST) responsible for the relevant School/ Specialty will issue rotation requests to Training Programme Directors (TPDs). This request will include an establishment report confirming number of posts for each rotation, and the rotation template.

The TPD is then responsible for producing the rotation.

The rotation information must be supplied on the rotation template and information presented in any other format will not be accepted; this is because the format of the rotation has been agreed by HEE with local education providers, and complies with national audit requirements. If the information is provided by administrators outside of the HEE local office supporting the TPD, the TPD MUST be copied in, along with PST.

* The TPD should validate the establishment data and inform the PST of any amendments/queries. This must be provided on the rotation template.
* The number of trainees on the rotation must not exceed the number of posts on the establishment unless LTFT trainees are sharing a slot or there are supernumerary approved trainees
* Trainees who are on maternity or long term sick leave **should not normally rotate**. They must remain at the Trust where they were placed when their maternity leave started because of employer/financial responsibility. Trainees on maternity leave will remain in an established post as they have a right to return to work and a post must be available for them. Trainees can be rotated immediately upon returning from maternity leave.
* Gaps in service created by maternity leave must not be covered by a substantive trainee unless there is written agreement from the LEP to the TPD that they agree to filling the gap with no additional funding from HEE.
* Where a rotation is not submitted to PST within these timescales, the agreed escalation process (Deputy Dean and Head of School) will be triggered, unless there is an exceptional reason for the delay. PST should discuss this with the PSM or Business Manager if they are unsure.

**4 months prior to rotation date**. Rotation information must be supplied to the relevant PST by the TPD no later than 4 months in advance of the rotation date.

**3 months (12 weeks) prior to Rotation Date**. Rotation details will be notified to the Trusts and the Trainees by the PST. This is to allow sufficient time for relevant employment checks to take place. This includes Primary Care. GP Scheme admin are no longer required to contact the trainees themselves, as this will be done by the relevant PST.

Any changes to the agreed rotation should be notified to the PST as soon as they arise.

For Specialties that do not rotate i.e. remain in one location, we request the rotation grid be completed and the establishment verified once a year in August.

**LTFT/Flexible:** Trainees working on a LTFT basis can be either be placed in a full time post, or into a slot-share. It is the TPD’s responsibility to manage the latter arrangement. HEEYH would support slot-sharing trainees approved to work at 60% and would fund the additional 20% in accordance.

There are occasions when supernumerary funding may be available, but this is reserved for

trainees who require remedial support or may have specific health related requirements, and is at the discretion of the Deputy Dean. This process should be managed outside of the rotational mechanism.

**OOP/OOPE/OOPT**

Trainees on OOP should be added to the relevant section of the rotational grid, along with the start and finish dates of the out of programme placement.

**Academic**

It is important that these trainees are identified on the rotation spreadsheet in the specific column as along with the Trusts, the relevant University needs to be advised of the Trust they are rotating to.

Please see Appendix 1 for Academic specific guidance.

**Tier 2/4**

The PST will highlight trainees who have a Tier 2 or Tier 4 visa on the rotation spreadsheet in the ‘Comments’ column. The TPD is not responsible for adding this information, but they should be aware about which trainees have a visa, due to the related training implications. .It is crucial that the Tier 2 team are notified about these trainees (PST) at the earliest possible opportunity to ensure that the relevant visas are applied for within the requisite timescales.

**Process**

*5 months:*

* PST issues a current establishment and rotation template to the relevant TPD
* TPD validates establishment, completes rotation template and returns to PST

*4 months:*

* PST validates rotation and raises any queries with TPD
* Rotation is verified by the Programme Support Manager (PSM) or Programme Support Co-ordinator (PSC)

*3 months:*

* PST issues rotation information to Trusts and Trainees
* Trainees’ files are updated (including DiDs if relevant)
* Rotation information is passed to the Data Quality Team to run the rotation on Intrepid

**Completion of the Rotation Grid**

This is shared between the TPD and PST. The individual responsibilities are outlined below:

*TPD:*

* Trainee forename
* Trainee surname
* Training Level (this should be reflective of the outcome of the most recent ARCP and is of significant importance in alignment with the requirements of the Junior Doctor contract)
* Post Educational Supervisor (optional)
* Department (where applicable)
* Type (where applicable)
* Comments (i.e. LTFT trainees and percentages worked when not full-time)

*PST:*

* Local Education Provider (ahead of circulation)
* Site (ahead of circulation)
* National Post Number (ahead of circulation)
* Trainee E-mail
* GMC number
* CCT date
* Post Start Date
* Post End Date
* Losing LEP
* Comments (i.e. check LTFT, Tier 2, New Starter, other information)
* Code of Practice Monitoring Category
* Code of Practice Monitoring Exception Categories

**When there are delays**

There will be occasions when there is a danger rotations will not be compliant with the CoP as a result of a number of factors, outstanding exam results, IDT, etc. This generally only affects a small number of trainees and in these circumstances it is recommended that validated rotations are sent out to Trusts and trainees with the proviso to the Trusts, that further changes may be made which will affect a specific number of trainees.

PST will inform the Trusts of the changes and send an amended rotation. It is the responsibility of the TPD to inform the affected trainees where there have been changes to their original rotation and/or location.

Some of these delays will fall into the Exception Categories mentioned below, and the PST are required to add this information to both the Rotations Summary and the Rotations.

If a rotation is amended at any stage which subsequently affects CoP, amended figures

must be entered onto the Rotation Tracker and the Rotation by the PST

**Exception Categories**

Please see Appendix 2 for details of the agreed Exception Categories. These columns on the grid must be completed by PST (responsibility of the PSC).

**FAQs**

**What happens when all posts aren’t filled on the rotation?**

This should be marked as ‘Gap’ by the TPD.

**Who should not be included on the rotation?**

Any non-training doctor. Examples being MTI, LAS and SAS.

**What happens if a TPD is on sick leave?**

PST should escalate this to the Head of School, who will take responsibility for the submission. The Head of School may choose to delegate this to another TPD within the faculty.

**Who does the TPD contact if they are having difficulties with elements of the rotation?**

The TPD should discuss this in the first instance with PST, with the PSC being their first

point of contact. They may also ask for the support of the Head of School in some instances.

**What happens if trainees cannot be allocated a post due to external factor, i.e. waiting for exam results, etc?**

TPDs should normally be able to allocate posts, even if awaiting information. However should the TPD be unable to allocate a post, they should submit an initial version with these trainees excluded, and then a further one when in a position to do so. They should notify PST in the first submission which trainees are missing. PST should ensure all versions are circulated to Trusts.

**Who should notify the trainees if there is a change to their original rotation?**

This is the responsibility of the TPD, who should also inform PST.

**Who will the PST circulate this to within the LEPs?**

This will only be sent to the agreed contacts (specified by the LEPs in early 2016). It is the responsibility of that contact to send onto to other parties within their organisation, where applicable. TPDs are not responsible for sharing rotations with LEPs.

**Can TPDs submit the rotation in a different format?**

No, only the agreed template should be used. If a different one is submitted, PST will return straight away to the TPD.