

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
Exception reporting: Trainees on this programme will be registered onto the exception reporting system used by this organisation. Log in details will be provided to trainees.
<p>Induction details:</p> <p>Include details for the local induction. This will be reflected as hours of work and paid accordingly during the trainee's placement.</p>
Mandatory Training requirements (Provide details of the required mandatory training)

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): £48,075

Pay for additional hours above 40: £6,310

Enhanced pay at 37% rate: £5,448

Weekend allowance: £3,606

On-call availability supplement: N/A

Flexible Pay Premia [Type]: N/A

Total pensionable pay: £48,075

Total non-pensionable pay: £15,364

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 - T01s 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	<ul style="list-style-type: none"> • 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 from 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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 from 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	<ul style="list-style-type: none"> • 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

			<p>will be managed by on-call ST2s with the help and guidance from ST3+ as well as hot week gynaecology consultants.</p> <ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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 from 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	<ul style="list-style-type: none"> • 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 from 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.