RCOG guidance for subspecialty training on-call commitments and out of hours (OOH) work

1. All daytime commitments must be training sessions within the subspecialty.
2. There should be no timetabled daytime service provision activities, i.e. before 5pm. This includes on-call for either Obstetric or Gynaecology, or other non-training service commitments such as outpatient clinics (both within and outwith the subspecialty which do not offer a training opportunity).
3. There may be occasions when trainees need to attend sessions outwith the subspecialty to complete requirements for core CIPs for the other side of the speciality (CIPs 9 - 12). These again will be training sessions as agreed with their Subspecialty Training Programme Supervisor and not regular service commitments for these core CIPs.
4. With the advent of the 2019 curriculum all subspecialty trainees who are pre-CCT need to collect evidence to complete CIPs 1 - 14 in years ST6 - ST7 and the CIP bars are reset at the start of ST6. Once there is appropriate evidence in each CIP to demonstrate curricular competence and the requirements in the matrix are also achieved, there is no need to continue training on the 'other side of the curriculum', i.e. to evidence ongoing competence. However, for each ARCP the trainee and Subspecialty Educational Supervisor will need to assess each CiP, including the clinical CIPs (CIPs 9 - 12), and make a global judgement on the entrustability level for that CIP. Once the trainee has achieved ST7 competencies and all requirements of the core curriculum, it may be considered unnecessary for them to contribute to OOH work in the 'other side' of the specialty.
5. Trainees on the pre-2019 curriculum are <u>not</u> required to demonstrate ongoing skills in the other specialty. It may be considered unnecessary for them to contribute to OOH work in the 'other side' of the speciality.
6. Clearly all Obstetricians and Gynaecologists have a commitment to provide OOH care. Any re-evaluation of OOH commitment locally for subspecialty trainees should consider the impact on service provision, and solutions to this, and the impact on non-subspecialty trainees which should not be disadvantaged by changes in SST OOH provisions. Trainees also need to be aware that changes in OOH commitments may lead to changes in banding and therefore may have financial implications for subspecialty trainees doing less OOH work.
7. On-call rotas and out of hours commitments are down to local arrangements and must be aligned to the needs of the clinical service. However the following considerations should be made:

7.1. Subspecialty trainees should not be on a rota intensity of more than 1:8.

7.2. Compensatory rest days are required to be taken according to banding and rules relevant to rota compliance.

7.3. All subspecialty trainees in the same subspecialty programme within a department should do the same amount of OOH work.

- If trainee is less than full time, adjustments should be made pro rata.
- On-call work arrangements may differ between the different subspecialties (see 7.4) within the same department, but the intensity should be the same for all subspecialty trainees within a department (for example both Gynaecological Oncology trainees working in a unit should have the same on-call arrangement, but this may differ to the Maternal and Fetal Medicine trainees in the unit).

7.4. Although night shifts can impact on daytime training opportunities, it is recommended that Maternal and Fetal Medicine trainees continue to contribute to overnight obstetric/OOH work/on-call.

Note for post CCT trainees:
For revalidation purposes, demonstration of on-call participation may be required and thus advised.

Date: 7th July 2023

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