

Request under Freedom of Information Act 2000

Request Ref: NGFOI 17/18: 466

Thank you for your request for information received at Northampton General Hospital NHS Trust (NGH) on 19/01/18.

I am pleased to be able to provide you with the following information.

Freedom of Information Act Request for information to help understand the effect of the new (2016, being introduced 2017) junior doctor contract on training in ENT (Otolaryngology). The original enquiry was sent out 8 months ago and is now being repeated as all StR's will probably have transferred to the new contract.

Please can you answer the following questions:

1) Does your Trust employ ENT (Otolaryngology) Doctors?

If the answer to this question is No, there is no need to answer any further questions - please just confirm the answer to this question. If the answer is Yes, please proceed to Question 2.

Yes

2a) Do you employ any Specialty Registrars (StR's) in ENT (Otolaryngology)? This means doctors at level StR3 to StR8 who are part of a recognised School of Surgery / LETB training scheme. If Yes, please answer 'yes' and proceed to Question 3. If No please answer Question 2b.

Yes

2b) Do you host any Specialty Registrars (StR's) in ENT (Otolaryngology) employed by a LETB training scheme (in some rotations the StR's have contracts with the LETB, instead of individual trusts). This means doctors at level StR3 to StR8 who are part of a recognised School of Surgery / LETB training scheme employed by the LETB. If Yes, please answer 'yes' and proceed to Question 3.

If the answer to Question 2a and 2b is No, there is no need to answer any further questions - please just confirm the answer to these questions.

3) How many Specialty Registrars (StR's) in ENT (Otolaryngology) do you (or the LETB, in your Trust) employ?

Yes, one full time on site and one split site Milton Keynes General Hospital//Northampton General Hospital.

4) For each of these Specialty Registrars (StR's), please provide the following information: Averaged per week over a rotational cycle for on call and daytime commitments, excluding any leave of any kind, or public holidays, or regional study days if they are not at least once per fortnight, for the registrar or any other member of the medical staff, including consultants, how many hours and (if applicable) how many half-day sessions does the Specialty Registrar spend in the following activities (E.g. If the Registrar spent from 9AM until 1PM as paid personal development time one day per week, the answer to that question would be 4 hours and 1 half day):

a) On Consultant supervised ward rounds?

Normally one per week, Wednesday morning 8am-9am (approximately as the ward round can be delayed / busy).

b) On other ward rounds (non supervised)?

4 per week, Monday-Friday 8am-9am (approximately as the ward round can be delayed / busy).

- c) In Consultant supervised outpatient clinics?1 full day (Tuesday) & 1 half day (Thursday)
- d) In other outpatient clinics (non supervised)?0
- e) In Consultant supervised operating sessions?
- 2 ½ days per week (Monday & Wednesday all day) (Thursday 1/2 day)
- f) In other operating sessions (non supervised)?0
- g) In paid personal development / Study / SPA time?½ day Friday afternoon
- h) Departmental teaching?

Alternate monthly Mortality and Morbidity and regional training afternoon + teaching in above supervised sessions.

i) Undertaking emergency on call work (excluding time when they are also undertaking one of the activities above)?

1 in 9 on-call, 24 hr non residential. Please note we also supply on-call service during the day, 8-5, until out of hours non-resident cover.

i) Any other contracted regular activities - please give hours / sessions and specify the activity?

Nil

- 5) Is the Specialty Registrar (StR) compulsory resident when on call? **No**
- 6) After weekday nights on call, does the Specialty Registrar (StR) routinely have time off the next day because they have been on call?

No. Please note 1 half day per week off (Thursday afternoon). Rarely required rest for post-on-call, if required do to work load – would need to discuss with consultant supervisors.