APPENDIX A
MEMBERSHIP OF THE SAFE TRAINEE CHANGEOVER WORKING GROUP

Dr Simon Newell
Chair, STCWG and Chair, Academy Speciality Training Committee

Dr Howard Ryland
Academy Clinical Fellow and Manager, STCWG

Prof Alastair McLellan
Dean, Scotland

Dr Peter Donnelly
Dean, Wales

Dr Melanie Jones
Dean, Wales

Prof Elizabeth Hughes
Dean, England

Dr Russell Smith
Dean, England

Dr John Collins
Training Programme Director, Northern Ireland

Dr Neil Dewhurst
Royal College of Physicians of Edinburgh

Dr Jones Mike
Royal College of Physicians of Edinburgh

Dr Anthony Arnold
Joint Royal College of Physicians Training Board

Mr Gareth Griffiths
Royal College of Surgeons in England

Ms Rowena Hitchcock
Royal College of Surgeons in England

Prof Jonathan Clasper
Royal College of Surgeons of Edinburgh

Dr Mike Hayward
Royal College of Ophthalmologists

Dr Colin Holburn
College of Emergency Medicine

Dr Wendy Burn
Royal College of Psychiatrists

Dr David Bailey
Royal College of Pathologists

Dr Jill Edwards
Royal College of General Practitioners

Dr Kevin Hill
Royal College of General Practitioners

Mr Edward Morris
Royal College of Obstetricians and Gynaecologists

Dr Pritt Singh
Academy Trainee Doctor Group, Royal College of Anaesthetists

Dr Sanjiv Patel
Academy Trainee Doctor Group, Royal College of Anaesthetists

Dr Sumit Gulati
Academy Trainee Doctor Group, Royal College of Anaesthetists

Mr Richard McGregor
Academy Trainee Doctor Group, Royal College of Surgeons of Edinburgh

Dr Maria Cooke
Doctor in Training, Royal College of Obstetricians and Gynaecologists

Dr Alison Graham
Employers in Scotland

Ms Jayn Ammantoola
National Association of Medical Personnel Specialists

Mr Bill McMillan
NHS Employers

Ms Sarah Parsons
NHS Employers

Ms Susan Redward
General Medical Council

Mr Philip Dolan
Academy Patient/Lay Group, Royal College Physicians and Surgeons Glasgow

Ms Caroline Miller
Academy Patient/Lay Group, Royal College of Paediatrics and Child Health

Dr Claire van Hamel
UK Foundation Programme Office

Ms Clare Owen
Medical Schools Council

Dr Tim Yates
British Medical Association, Junior Doctors Committee

APPENDIX B
TERMS OF REFERENCE

Name
The group shall be known as **Safe Trainee Changeover Working Group** a subcommittee of the Joint AoMRC and COPMeD Training Advisory Group (JACTAG).

Role
The STCWG has been established to:

- Determine the current pattern of changeover
- Define the purpose of staggering start dates for postgraduate training
- Identify the situations when staggering may be beneficial
- Work with stakeholders to assess the feasibility of staggering
- Develop guidelines on how staggering should be implemented where appropriate
- Recommendations will be made through JACTAG to the UK Medical Education Scrutiny Group for formal consideration.

Membership
The Working Group consists of representatives from the:

- Academy Speciality Training Committee (Chair)
- Academy Clinical Fellow
- Royal Colleges
- Conference of Postgraduate Medical Deans
- NHS Employers
- Employers in Scotland
- AoMRC Patient/Lay Group
- General Medical Council
- AoMRC Trainee Doctors' Group
- BMA Junior Doctors' Committee
- UK Foundation Programme Office
- Medical Schools Council.

Term of the group
This will be a short life working group, which aims to report by July 2013. It is anticipated that there will be 2-3 meetings during this period.

Responsibilities

- To scope out the feasibility of staggering the changeover dates of trainee doctors.
- To work in conjunction with other relevant stakeholders to develop guidelines and, where appropriate, recommendations around the implementation of staggering.
- To be relevant to the four nations.

Frequency of meetings
The group will meet in January 2013. It is anticipated that there would be at least one further meeting. At the first meeting a detailed working plan will be identified.

Reporting
The Safe Trainee Changeover Working Group will have input and guidance from the Academy Specialty Training Committee and report to the Joint AoMRC and COPMeD Trainee Advisory Group, which subsequently reports to the Academy Education Strategy Committee and COPMeD Executive. The work has been commissioned by the UK Medical Education Scrutiny Group which comprises the four UK CMOs.

Conflicts of Interest
When the interests of a member conflict, or appear to conflict with the interests of the Academy, this must be declared.

APPENDIX C
DEANERY FEEDBACK ON CURRENT PRACTICE

Speciality/Deanery	Northern Ireland	North of Scotland	West of Scotland	East of Scotland	South East Scotland	Northern	North Western	Yorkshire and the Humber	Mersey	Wales	East Midlands	West Midlands	East of England	Oxford	Severn	London	KSS	Wessex	Peninsular
ACCS			August		August	August	August	August	August	August		August	August			August/October	August		August
Acute Medicine			August		August	October	August	August	August	August		October	August			August/October	October		August
Anaesthetics			August		August	August/September	August	August	August	August		August	August			August/November	August	August	August
Audiological Medicine			August		August		August		August	August						Spetember			
Cardiology			August		August	August	August	Septmember	August	August		September	August			October	August	August	August
Cardiothoracic Surgery			August		August	August	August	August	August	October		October	May			October			
Chemical Pathology			August		August		August	August	August	August		August	August			August			
Child & Ad. Psychiatry			August		August	April	August	October	August	August		August	August			August/September/October	September	August	August
Clinical Genetics			August		August		August		August	August			August					August	
Core Medical Training			August		August	August	August	August	August	August		August	August	August	August	August	August	August	August
Core Psychiatry Training			August		August	August	August	August	August	August		August	August	August	August	August	August	August	August
Core Surgical Training			August		August	August	August	August	August	August		August	August		August	October	August	August	August
Dermatology			August		August	August	August	September	August	August		May	August			August/September	August	August	August
Diabetes & Endocrinology			August		August	August	August	August/October	April	October		February	August			October	October	August	August
Emergency Medicine			August		August	Sepember	August	August/September	August	September		August/October	August				August	September	August
ENT Surgery			August		August	August	August	October	August	October		October	October			October	October	October	August
Forensic Psychiatry			August		August	August	August	October	August	August		August	August			August	August	August	August
Gastroenterology			August		August/October	October	September	August/October	September	September		September	August			October	October	September	September
General Adult Psychiatry			August		August	August	August	October	August	August		August	August			August	August	August	August
General Practice			August		August		August		August	August		August	August			August/October	August		
General Surgery			August		August	October	October	October	October	August		October	October				October	October	October
Geriatrics / Elderly			August		August	October	July	August/October	August	August		September	October			August/September/October	October	August	August
GU Medicine			August		August	August	August		August	August		August	August			Ad hoc	October	August	August
Haematology			August		August	January	August	July	August	August		August	August			August/September		July/August	August
Histopathology			August		August	February	August	August	August	August		August	August			February			August
Immunology			August		August		August		August	August			August			Ad hoc		August	August
Infectious Diseases			August		August	August	August		October	August		Ad hoc	August			October			
Intensive Care Medicine			August		August		August		August	August		Ad hoc				August	August		August
Learning Disabilities			August		August	August	August	October	August	August		August	August			August		August	August
Medical Microbiology			August		August	August	August	August/November	August	August		August	August/October			October/November	October		August
Medical Oncology			August		August	August	August		August	August		September	August			September	September	August	
Nephrology			August		August		August	September	August	August		September	August						
Neurology			August		August	August	August	May	August	August		January	August/October			August	August	September	January
Neurosurgery			August		August	August	August		August	August		August	August			August			
Obs & Gynae			August		August	August	August	August/October	August	August		August	August	August		October	October		October
Occupational Health			August		August	August	August		August	August		August	August					August	August
Old Age Psychiatry			August		August	August	August	October	August	August		August	August			August	August	August	August
Ophthalmology			August		August	August	August	August/September	August	August		August	August	August		August	August		August
Oral & Maxillofacial Surgery			August		August		August	September	August	August		April	August/October			October	October	October	
Orthopaedic Surgery			August		August	August	August	August	August	August		October	August			October	October	September	August
Paediatric Cardiology			August		August	August	August		August	August						October		September	
Paediatric Surgery			August		August	August	August		August	October		August	August/October			September/October	October		
Paediatrics			August		August	Spetember	August	August	September	September		September	September	September	September	March	September		September
Palliative Medicine			August		August	October	August	October	August	August		September	October			October		April	March
Plastic Surgery			August		August	June	September	November	August	August		October	August			October			September
Psychotherapy			August		August	August	August		August	August		August				Ad hoc		August	
Public Health			August		August	August	August		August	August		August							
Radiology			August		August	Septmember	August	July	August	August		September	August	August		June/September/October/November	August		September
Radiotherapy/Oncology			August		August		August	September	August	August		November				August			
Rehabilitation Medicine			August		August	August	August	October	August	August		August	August			August		September	August
Renal Medicine			August		August	October	September		August	August		September	August			September/October	October	August	August
Respiratory Medicine			August		August/October	October	August	August/October	April	August		November	August			August/October	October	August	August
Rheumatology			August		August	October	August	August	August	May		August	August			October	October	August	August
Sports & Exercise Medicine			August		August	August	August		August	August		August	August			August			
Stroke Medicine			August		August				August	August		Ad hoc					October	September	
Urology			August		August	September	August	August	August	August		October	October			October	October	August	October

APPENDIX D
FOUNDATION SURVEY RESULTS

Safe Changeover: Making it safe to be ill in the first week of August.

1. Should Foundation Year 1 commence at the beginning of September?

		Response Percent	Response Count
Strongly agree		11.4%	23
Agree		22.3%	45
Don't mind		**43.1%**	**87**
Disagree		17.3%	35
Strongly disagree		5.9%	12
		Please comment	56
		answered question	**202**
		skipped question	**0**

2. Should doctors move from graduation to FY1 on the same day as doctors move from FY2 to CT1/ST1?

		Response Percent	Response Count
Strongly agree		3.0%	6
Agree		5.4%	11
Don't mind		12.9%	26
Disagree		**49.0%**	**99**
Strongly disagree		29.7%	60
		Please comment	61
		answered question	**202**
		skipped question	**0**

3. Would it be a good idea for CT1/ST1 to commence one month after FY2 finishes?

		Response Percent	Response Count
Strongly agree		32.0%	64
Agree		**46.0%**	**92**
Don’t mind		11.0%	22
Disagree		9.0%	18
Strongly disagree		2.0%	4
		Please comment	46
		answered question	**200**
		skipped question	**2**

4. Do you have any other comments about the changeover process, timing, induction or its impact on you or your training?

	Response Count
	69
answered question	**69**
skipped question	**133**

5. What is your grade?

		Response Percent	Response Count
F1		42.6%	84
F2		**55.8%**	**110**
Medical Student		0.0%	0
Other (please specify)		1.5%	3
		answered question	**197**
		skipped question	**5**

Page 2, Q1. Should Foundation Year 1 commence at the beginning of September?		
1	Who would provide services on the wards for the absent house officers during this period?	Jun 20, 2013 4:39 AM
2	is that not shifting the problem? how would this be a solution	Jun 11, 2013 6:50 AM
3	Depends on how it ties in with the end of everyone's exams. The sooner after exams end and results have been published, the better!	Jun 10, 2013 8:19 AM
4	Would make no difference surely what time everyone starts together unless it is different from starting f2 or training posts which would be difficult because that would make f1 shorter.	Jun 2, 2013 3:29 AM
5	Why start this late?	Jun 1, 2013 6:00 AM
6	slightly quieter (no students etc) to give you time to get used to role	May 31, 2013 4:51 AM
7	Already have long summer, most are keen to get started.	May 20, 2013 6:55 AM
8	There may be less seniors on holiday then	May 19, 2013 6:19 AM
9	doesn't matter, the problem is lack of overlap	May 17, 2013 11:16 AM
10	This would give f2 a month to settle in to their job before having juniors working for them	May 16, 2013 1:22 AM
11	Should start before the current start date in august to have more time on the wards with Previous FY1's present to have a 1-2 week handover period	May 15, 2013 9:50 PM
12	Too long since completing medical school and will be financially very difficult as another month when not receiving any income	May 14, 2013 6:33 AM
13	It doesn't matter which month we start as long as there is adequate senior covert during that time	May 13, 2013 11:45 PM
14	It depends if this is preceded by shadowing that is paid - it's a long time to wait for a pay cheque!	May 13, 2013 10:12 PM
15	In my opinion, the FY1 year should be mid-July to mid-July, FY2 should be mid-July to early August etc. 54-wk years would mean not everyone changed at the same time and there weren't gaps in rotas. Also, the staff carrying on will have done that rotation for 3.5months already, so should be able to introduce the new starts more easily!	May 13, 2013 3:55 PM
16	As long as the start dates are staggered by 1-2 weeks I don't think it needs to be as long as a month	May 13, 2013 3:07 PM
17	with a one month paid training period in august	May 13, 2013 2:06 PM
18	This would only leave 1 month for the new seniors to become accustomed to their roles	May 13, 2013 10:46 AM
19	There is no point as late start will not resolve the problem , it is the fact that we are struggling when starting to work is th emain issue	May 13, 2013 2:42 AM
20	I think doctors should be able to start when they wish to, not just on a yearly basis.	May 13, 2013 1:22 AM
21	better if foundation 1 doctors start earlier rather than later.	May 12, 2013 11:04 AM

Page 2, Q1. Should Foundation Year 1 commence at the beginning of September?		
22	Makes no difference	May 10, 2013 12:45 PM
23	any time not at the same time as SHOs	May 10, 2013 10:57 AM
24	This would only work if it did not delay progression onto FY2 and further training programmes.	May 10, 2013 10:13 AM
25	makes no difference when FY1s start.	May 10, 2013 8:35 AM
26	IT would make sence that al senior staff and nurses had had there summer family holidays and the swap over for High grades happened before new doctors started	May 10, 2013 6:59 AM
27	I do not understand why September would be any better than August	May 10, 2013 3:25 AM
28	Or even middle of September	May 10, 2013 2:20 AM
29	Need to start earning ASAP and a delay between graduation and start work would increase anxiety and possibly reduce knowledge. It would be better for F1s to start earlier, say mid July.	May 10, 2013 1:26 AM
30	What impact will this have on the start of the second rotation in spring? Specifically is there a risk of the changeover being closely followed by the numerous bank holidays around that time of year. Reduced working hours would compound any problems associated with handover.	May 9, 2013 6:09 AM
31	The date is arbitrary. You can either use August for preparation or prepare before the start of August. I don't believe this will make very much difference one way or another. It only further staggers change-over days.	May 8, 2013 12:25 PM
32	Starting in September would leave too long a gap between graduating from medical school and starting work.	May 8, 2013 11:47 AM
33	It may ease transition if seniors are in place for a month prior to juniors arriving.	May 8, 2013 11:39 AM
34	It would be better to have an extended shadowing period prior to starting as FY1. If they start later who will cover the wards?	May 8, 2013 4:47 AM
35	I dont see any difference between starting in August or September	May 8, 2013 4:05 AM
36	11 months is not long enough for F1 training.	May 7, 2013 6:56 PM
37	August is generally a quieter time for admissions than September	May 7, 2013 1:20 PM
38	September start fits better with academic year and other commitments; no conflict with summer holidays - more senior doctor presence in the hospital	May 7, 2013 5:39 AM
39	but changovers should be staggered r	May 7, 2013 12:36 AM
40	Or new FY1s start before the old become FY2	May 6, 2013 1:49 PM
41	A staggered start date would make it better as that may all staff are not new to the hospital	May 6, 2013 9:55 AM
42	No real difference between changing in August/September	May 6, 2013 8:52 AM
43	I think it is best to start work as soon after your finals as possible, after a long	May 6, 2013 1:18 AM

Page 2, Q1. Should Foundation Year 1 commence at the beginning of September?		
	enough break to relax after the stress of examinations.	
44	August or September allows a decent break (even if resits involved)	May 5, 2013 3:27 AM
45	A later start date would be financially difficult for a lot of people, as you would be getting your first pay cheque a month later and your student loan doesn't stretch that far.	May 4, 2013 10:19 AM
46	Stronger consultant presence in September as oppose to August	May 4, 2013 2:45 AM
47	I think the FY1s should start one month before (in a semi-supernumary role) the FYSs/CTs rotate round, so that they are more comfortable and safe in their jobs before their more senior colleagues move on. Perhaps the FY1 year could be 13 months, with FY1s starting at the beginning of August, but the FYs, CTs etc rotating one month later at the start of September.	May 4, 2013 2:14 AM
48	Consultants would be back from holidays.	May 3, 2013 12:50 PM
49	If senior staff are more likely to be on holiday meaning that there is not adequate cover by seniors during the changeover then, yes, F1s should not start in August.	May 3, 2013 12:43 PM
50	It would not make a difference.	May 3, 2013 10:36 AM
51	Starting in August when there are fewer procedures and the hospital is less stressed forbeds allows fy1 s to be fairly comfortable and just about competent by the time the winter season starts. With the climate changing in this country by starting in sept it reduces the training before the hospital becomes stressed with patients	May 3, 2013 7:09 AM
52	Will not make a difference	May 3, 2013 6:19 AM
53	More likely to have senior cover if changeover day is September. Limited consultant or reg cover in August makes the change over more challenging	May 3, 2013 5:38 AM
54	This would make finances even more tight- at that point in our careers we have literally no money to live off.	May 3, 2013 12:07 AM
55	I do not feel that this big a change needs to be made. From a financial point of view, starting to earn as soon as possible after graduating is helpful, an extra month of free time would not be of much benefit and this would in effect have to move the start of foundation 2, or shorten the foundation 1 programme by a month.	May 2, 2013 4:18 AM
56	doesn't matter when it starts - needs to be staggered with other grade doctors so all changeover isn't at the same time.	May 2, 2013 3:07 AM

Page 2, Q2. Should doctors move from graduation to FY1 on the same day as doctors move from FY2 to CT1/ST1?		
1	We had a week of crossover before the outgoing FY1 doctor moved on. This was very helpful in bridging the gap.	Jun 27, 2013 8:48 AM
2	There should be a phased transition into the post.	Jun 20, 2013 4:39 AM
3	Ideally not	Jun 11, 2013 6:50 AM
4	There should be a crossover period where more senior doctors can help more junior doctors to settle in to their roles	Jun 10, 2013 8:19 AM
5	To minimise disruption of team dynamics	Jun 3, 2013 6:59 AM
6	Some staggering of F1/SHO/SpR rotation may be helpful, perhaps a week apart for each, but it should be worked in a way that there are no gaps (ie. a sort of relay, with each grade completing a year and 1 week and overlapping to ease each new person in to their job and allowing continuity of care)	Jun 1, 2013 6:00 AM
7	pros and cons to this - you don't want to get used to one team to then have to change but also it would be useful to have someone around that has done the job before	May 31, 2013 4:51 AM
8	However, there should be induction for new doctors to the trust on day prior to starting.	May 30, 2013 3:20 AM
9	they should be on different days	May 29, 2013 6:29 AM
10	Too much new change. New F1's, SHO's, Reg's for a whole team is too much change	May 23, 2013 2:05 AM
11	Overlapping of team members changing over for the treatment	May 22, 2013 1:39 PM
12	There should be at least 2 weeks overlap.	May 20, 2013 6:55 AM
13	There should be a cross-over shadowing period like when starting F1	May 19, 2013 6:19 AM
14	it is difficult to be on a new ward with other juniors who have also just moved as nobody knows the patients, kowns their way around the ward. much better if there was a couple of weeks difference	May 18, 2013 2:34 AM
15	there should be some overlap	May 17, 2013 11:16 AM
16	There should be a period of overlap where the New FY1's shadow the old FY1's for a period on the perspective wards	May 15, 2013 9:50 PM
17	No they shouldn't	May 14, 2013 6:33 AM
18	The fewer people changing on the same day the better!	May 13, 2013 10:12 PM
19	should definitely be staggered to avoid the chaos!!!	May 13, 2013 2:06 PM
20	The CT1/ST1 should move later so that the junior doctors are initally supervised by experienced staff	May 13, 2013 10:46 AM
21	Everybody changing at the same time is poor for patient care. FY2/ CT1/ST1 are trying to also get used to a new job and therefore may not support a new FY1 as much as they could.	May 13, 2013 6:55 AM

Page 2, Q2. Should doctors move from graduation to FY1 on the same day as doctors move from FY2 to CT1/ST1?		
22	I think medical students still need rest before starting to work as they will be exhauseted from exams and started to work will reduce the quality of care they are conducting	May 13, 2013 2:42 AM
23	There should be more overlap, so there are doctors in the team who know how things work.	May 13, 2013 1:22 AM
24	Timescale wise the most flexible group start wise are graduates becoming FY1 - so perhaps they could shadow pre starting then attend one week prior to the August changeover	May 11, 2013 5:18 AM
25	Having someone who know how things works in the team is better	May 10, 2013 12:45 PM
26	This helps to keep training streamlined.	May 10, 2013 10:13 AM
27	I think it would be more beneficial if a senior was around especially on the first week of work so if any problems did arise there is someone to ask who knows the patients and how everything works.	May 10, 2013 8:35 AM
28	I think this is dangerous, move the seniors first so they establish themselves before the incoming juniors, this would provide increased guidance in a new specialty	May 10, 2013 8:04 AM
29	Having and enirely new team , in new posistions, in new hospitals and maybe on call for the first time in that area/position is not safe or productive	May 10, 2013 6:59 AM
30	Yes, I think that both sets of doctors moving at the same time would be fine. I think the problems would be ameliorated by increased ward presence by senior doctors on that day.	May 10, 2013 3:25 AM
31	Don't mind, but a few days of shadowing prior to that would be very useful!	May 10, 2013 2:20 AM
32	While changing over on the same day may be more simple logistically, in terms of patient care it would be desirable for the SHOs to transition either slightly earlier or slightly later so that at any time there are juniors present who know the patients and the standard protocol for management.	May 10, 2013 1:48 AM
33	Complete chaos, with everyone being new to a clinical area on the same day. It wouldn't take much, even a week overlap, so that either the FY1 has a week with the previous FY2, or the new F2 starts first.	May 10, 2013 1:29 AM
34	Staggering start times of FY1 and the years above would reduce disruption around changeover as there would always be doctors in post with a few weeks experience of that post.	May 10, 2013 1:24 AM
35	Ideally new FP1s would have some overlap but in practice it would be difficult to cover all the rotas and work out contracts etc.	May 8, 2013 11:47 AM
36	It won't matter if registrars are available during the switch. There can be teething problems if the whole team is new.	May 8, 2013 11:39 AM
37	I think that everyone changing at once is riskier than perhaps the F1s commencing 1 or 2 week earlier and working with the outgoing seniors before they change	May 8, 2013 4:05 AM
38	Starting on separate days may be a better transition for FY1s into their new job	May 8, 2013 1:52 AM

Page 2, Q2. Should doctors move from graduation to FY1 on the same day as doctors move from FY2 to CT1/ST1?		
39	staggered changes should be used	May 7, 2013 8:10 AM
40	Would be much less chaotic to move over seperately!	May 7, 2013 5:45 AM
41	Staggering the dates would allow for effective handover and a period of supervision by SHO experienced in the role.	May 7, 2013 5:39 AM
42	It would be safer to stagger the dates so that not everyone is new to the job on the same day.	May 7, 2013 5:38 AM
43	unsafe as noone knows, place, system, patients.	May 7, 2013 1:37 AM
44	As above	May 6, 2013 9:55 AM
45	It would be beneficial to everyone if there was some sort of crossover, so patients aren't faced with an all new (junior) team on changeover day!	May 6, 2013 8:52 AM
46	A period of overlap would be ideal.	May 6, 2013 1:18 AM
47	Transitioning the whole junior workforce at the same time (all needing induction & orientation) poses a patient risk.	May 5, 2013 3:27 AM
48	No continuity of care would result, already bad with only one week between the changes and everyone squeezing in last days of annual leave	May 5, 2013 1:43 AM
49	F1 should either start earlier with a period of 'shadowing' or after a period of rigorous induction after graduation. I do not feel all juniors moving on the same day in August is a good idea - as all are new to the role and this puts strain on the seniors.	May 4, 2013 3:16 PM
50	Perhaps a 1-2 week overlap would be useful to support new FY1s into their role under the supervision of more experienced juniors.	May 4, 2013 6:46 AM
51	Having all junior staff changing over on the same day is a farce as the wards are then full of doctors that don't know any of the patients, where anything is, or what the hospital systems are. On my first day as an FP1 all the surgical registrars was in induction (there is no surgical SHO rota at my hospital) so my first morning was spent seeing patients on my own. Staggering changeover would make the process a lot safer for patients and less stressful for staff.	May 4, 2013 1:14 AM
52	No they should not all change on the same day, because this leads to inconsistrnxy. If everyone changes on the same day, this is more detrimental to patient care, but if they change on different days then there is some overlap and so the patients still have someone on the team who knows them.	May 4, 2013 12:49 AM
53	No, because everyone would be brand new into their jobs- The blind leading the blind.	May 3, 2013 12:50 PM
54	No, there should be some overlap	May 3, 2013 10:36 AM
55	This means that no onion the ward round knows where anything is or who the patients are adding stress and endangering patients	May 3, 2013 7:09 AM
56	Do not really see how this can be avoided	May 3, 2013 6:19 AM

Page 2, Q2. Should doctors move from graduation to FY1 on the same day as doctors move from FY2 to CT1/ST1?		
57	Would it not be better to shorten the hospital induction on change over day. The majority of induction day is completely unnecessary- we only really need ID badges and passwords, the rest could be done any time	May 3, 2013 5:38 AM
58	Staggering would be sensible as senior doctors would have time to learn about how the new hospital worked prior to also having a new fy1	May 3, 2013 4:17 AM
59	This is a nightmare, our first day on the wards should have guaranteed support as a basic patient safety issue.	May 3, 2013 12:07 AM
60	If this could be staggered by a week there could be some element of handover. If this is added to a week of shadowing prior to commencing the F1 post, this does give the F1 2 weeks to get to know the patients and the way the team works prior to the old doctors leaving.	May 2, 2013 4:18 AM
61	It is more useful to start work when shadowing those who already know the job, however, you feel you have more in common with your colleagues when starting work with a team who is also new to the job. So although your seniors may not know how the hospital works etc, they can still provide support/advice for clinical patient matters, including those surrounding patient safety. Hence my 'dont mind' response, because I think there are pros and cons to both.	May 1, 2013 4:26 PM

Page 3, Q3. Would it be a good idea for CT1/ST1 to commence one month after FY2 finishes?		
1	who would cover the FY2 during this time?	Jun 11, 2013 6:53 AM
2	I can see pros and cons to this	Jun 10, 2013 8:20 AM
3	But only 1 month as financially could prove difficult.	Jun 2, 2013 3:30 AM
4	This complicates things unneccesarily. People will have to find jobs for short periods and may struggle to pay rent/mortgage and debts accumulated as a student.	Jun 1, 2013 6:01 AM
5	but should not have to make own provision to cover time period	May 29, 2013 6:30 AM
6	yah, this could give an overlappin of cover looking after a team.	May 22, 2013 1:41 PM
7	Some FY2s might find it difficult to manage the month of August if unpaid - some sort of locum/LAT placement that is paid would be helpful.	May 20, 2013 6:58 AM
8	Good for senior people to know their role first before having to support juniors	May 16, 2013 12:52 PM
9	If you delay CT1's starting surely they will be there for less time when the new F1 starts	May 14, 2013 6:35 AM
10	Good IF some small amount of salary is paid in the gap month.	May 13, 2013 10:14 PM
11	I like the idea of having a break - maybe it could be used like a mini-elective, encouraging experience in a different specialty or different country for 1 month?	May 13, 2013 3:08 PM
12	all the changeovers need to be staggered	May 13, 2013 2:08 PM
13	dont really understand how the overlap works but strongly agree one is needed	May 13, 2013 12:19 PM
14	There needs to be time to read up on the new specialty one is embarking on, have a break after foundation years, organise a move to a different part of the country, and get to know the hospital and people.	May 13, 2013 1:24 AM
15	1 month is probably too long. It would make sense if the more seniors on the ward moved earlier than the new F1s - so F1s start a few weeks after rest of the team.	May 12, 2013 6:18 AM
16	Now the above has been clarified I think it is a GREAT idea! Provides time for preparation and a break between FY2 and a new job, especailly helpful when people are moving locations. This would also stop rota difficulties with nights/on call shifts overlapping with new jobs.	May 10, 2013 10:17 AM
17	It would be a good holiday to rest and relax and to fully prepare to start CT1/ST1.	May 10, 2013 8:38 AM
18	if already established and works well, why not give 1 moth of time off before people commence a demanding training programme?	May 10, 2013 8:05 AM
19	I disagree on the basis that I believe the problem could be solved in other ways, such as putting a block on senior doctors taking annual leave when the handover occurs so that there maximum support for new juniors and continuity of care is ensured.	May 10, 2013 3:29 AM

Page 3, Q3. Would it be a good idea for CT1/ST1 to commence one month after FY2 finishes?		
20	Staggering may improve safety in August, as the rest of the team will have been working in a department/hospital for a while and will be able to guide the new doctor accordingly. Safety may potentially be compromised if several individuals on the team are new to the Trust/Department. However, perhaps F1s should be the ones starting later, so that the CT1s will have had a month (or less) to adjust to the new environment (assuming they are changing Trusts/jobs) before the FY1s they are meant to be guiding and supervising start.	May 10, 2013 2:15 AM
21	This will give CT1/ST1s the opportunity to take a break before commencing their job to pursue other academic or nonacademic projects.	May 10, 2013 1:50 AM
22	I think this extra month would significantly improve patient safety	May 9, 2013 3:11 AM
23	Concerned about what i would do in that month. How difficult would it be to stay in work?	May 9, 2013 1:47 AM
24	There are many employment risks with this and it already happens in several specialties. Trainees end up losing accrued employment rights within the NHS and this is detrimental to their long term job security. It shouldn't be allowed to be more widespread.	May 8, 2013 12:26 PM
25	This opens options for the new CT1/ST1 trainee to use this month as they see fit.	May 8, 2013 11:42 AM
26	What happens if we can't get a job in that break period? Also who is covering the wards when all these junior doctors are on a break?	May 8, 2013 4:50 AM
27	I think this would be hugely supportive for the new F1's, and take the pressure off the new F2s who are also new to the hospital and the job. There should be consideration though as to whether this would leave the outgoing F2s with an enforced month of being unpaid.	May 8, 2013 4:14 AM
28	this would leave departments short staffed for one month or would be expensive to employ a locum for one month. equally it would give a chance to do a 7th rotation in foundation years as a taster	May 7, 2013 8:12 AM
29	Agree in principal with reagrds to training, patient safety and taking a break, but would this result in a loss of one month's wages? (not feasible with financial commitments such as mortgage).	May 7, 2013 5:43 AM
30	it would also allow for the practicalities of moving etc when changing post!	May 7, 2013 12:37 AM
31	However a lot of people can not afford to take one month off work, I think the jobs should overlap so in FY2 you do one extra month to help the new FY1 before starting CMT.	May 6, 2013 9:27 PM
32	Yes, it sounds like a very sensible solution	May 6, 2013 8:53 AM
33	Not having all the juniors changing over at the beginning of August would improve patient safety. By having the new F1s starting when the team have already been working together for a few months will mean they are given a much better handover and will make their first few weeks as practicing doctors safer.	May 6, 2013 3:13 AM
34	I think all junior doctors would appreciate the opportunity to take a one-month break after a high-pressured two years. I think this might also reduce the numbers of junior doctors burning out or taking gap years between F2	May 6, 2013 1:20 AM

Page 3, Q3. Would it be a good idea for CT1/ST1 to commence one month after FY2 finishes?		
	and CT1	
35	Would provide a useful break for preparation/locum work & avoid overlapping inductions	May 5, 2013 3:30 AM
36	Some people are required to move areas after their F2. Commencing ST1/CT1 one month after F2 finishes will help with the transition and also allow the doctor to be readily inducted to their new area of work. (i will have to move house and deanary on the day I finish F2 - leave just the evening to prepare myself for a new environment where I have not worked before - despite being more senior than my F1 counterpart - there are still apprehensions.	May 4, 2013 3:18 PM
37	This would be a good way to ensure patient safety, and the break would be appreciated.	May 3, 2013 12:52 PM
38	At the moment when there is a complete changeover of staff in August it means that there are new F1s with very little experience on the wards, supported by F2s who also have little experience in that particular job and on top of that CT1/ST1s who are new to the job as well it definitely has an impact a negative impact on patient care.	May 3, 2013 12:47 PM
39	2 weeks would be enough	May 3, 2013 12:19 PM
40	I think it would appeal to many F2s and in fact would probably be preferable for some than taking a whole year out of training.	May 3, 2013 7:51 AM
41	Allows an experienced sho to teach the fy1 all the tricks of the trade and by coming to the end will be more experienced and able to help more than a new ct1	May 3, 2013 7:11 AM
42	Good idea but it would become more different to build a professional relationship and team if everyone is continually changing. It is always harder for a person on 6 monthly rotations to find their place in the team if everyone has been working there for 2 months in their 4 monthly rotations. Could CT1s simply start a day before the F1s so they all officially start on the ward on the same day?	May 3, 2013 5:45 AM
43	Works well in paediatrics	May 3, 2013 4:43 AM
44	Even two weeks would be great	May 3, 2013 12:09 AM
45	It would be useful for all grades to be staggered to some degree so there are some doctors in every team who is aware of policies, how the computerised system works,etc. I don't think that it would matter whether CT1/ST1s commenced work before FY2s or vice-versa.	May 2, 2013 2:36 PM
46	Or one week afterwards might be a better idea	May 2, 2013 1:51 AM

Page 3, Q4. Do you have any other comments about the changeover process, timing, induction or its impact on you or your training?		
1	Inductions should have a universal reqirements expected from the job and the information given so as to prepare the medical student for doctor life.	Jun 20, 2013 4:40 AM
2	no	Jun 19, 2013 3:20 PM
3	no	Jun 17, 2013 2:34 AM
4	I think more senior doctours need to move one or two months later. If all doctors start at the same time, it takes time to get know the hospitals and routines.	Jun 13, 2013 2:03 AM
5	Would it not be sensible for FY1's to start in the middle of July and learn through shadow of the current F1	Jun 11, 2013 6:53 AM
6	Always disorganised. Despite happening every year.	Jun 10, 2013 8:20 AM
7	Would be more beneficial to ensure senior staff eg Spr/consultants are present on the week following changeover as when ever changeover happens junior staff will need more support	Jun 3, 2013 7:00 AM
8	Definitely would help to stagger the process so f1s start anew at a different time to everyone else	Jun 2, 2013 3:30 AM
9	The single most important thing during the changeover is good senior support. With hands-on support from Consultants in the first week, there would be no need for staggering of rotations. Some Consultants already do this, but some deliberately arrange to be away for the changeover which is unprofessional.	Jun 1, 2013 6:01 AM
10	More awareness and dedication from senior of member of team will be more very much contributive.	May 22, 2013 1:41 PM
11	Changeover week is chaotic, not least because many consultants are also often on leave due to school holidays. On my first week as an FY1 I had no SHO and registrars only 2.5 days of that week.	May 20, 2013 6:58 AM
12	If F2s went on holiday when the new F2s started, this would defeat the point. There should be a cross-over shadowing period like the 4 day compulsory shadowing for new F1s	May 19, 2013 6:21 AM
13	Staggered induction a good idea. Experience on the ward prior to starting F1 is essential	May 18, 2013 2:23 PM
14	As long as it does not impact moving for other jobs then staggering should be beneficial	May 16, 2013 12:52 PM
15	makes me very nervous	May 16, 2013 1:22 AM
16	Very stressful time, especially when starting F1 as often the only dr on the ward as everyone else away at induction	May 14, 2013 6:35 AM
17	On my first day of FY1, I was the only member of my firm of 2x FY1, 2x SHO, 1x SpR and 2x consultant doing the ward round because everyone was elsewhere (induction, post-nights from old job, covering wards without permanent juniors etc.). That was petrifying. I sought help immediately.	May 13, 2013 3:58 PM
18	all the changeovers need to be staggered to avoid the chaos that ensues	May 13, 2013 2:08 PM

Page 3, Q4. Do you have any other comments about the changeover process, timing, induction or its impact on you or your training?

	EVERY AUGUST!!!	
19	As a lot of people change area between F2 and ST this would make moving area easier, as you would have plenty of time	May 13, 2013 10:48 AM
20	The week of starting F1 should be fully staffed from a team point of view ie F2, CT1/ST1, SpR, Consultants. F1s should not be left to handle the ward on our own on our first day without at least a Reg or a Consultant.	May 13, 2013 6:31 AM
21	the new FY1 should take action in shadowing , they should be the persons performing the job under supervision of previous F1 and not hte other was round.As the only way to learn is by doing tasks rather than observing.	May 13, 2013 2:43 AM
22	too much inane admin to do every time you change a job - eg having to supply your payroll number to the parking company - why couldn't that kind of thing be done by the hospital.	May 12, 2013 11:08 AM
23	F1s change to f2s and so the support is still there I am not convinced 1 month gap would make a large amount of difference.	May 12, 2013 10:32 AM
24	The crucial thing is to ensure that ST3 and above trainees do not change at the same time as the Foundation or CT doctors	May 11, 2013 5:21 AM
25	I think this is a great idea and would lead to better patient care during August. It would also mean that we could reduce shadow week which would save deaneries money as they would not have to pay FY1 for an extra week.	May 10, 2013 10:17 AM
26	changeover from Fy1 to FY2 can take place without a break,from FY2 to CT1 can take a break of 15 days to 1 month and start on a monday rather than wednesday	May 10, 2013 9:06 AM
27	On the first week we were without any seniors on the ward which was a challenge and added stress to an already stressful situation.	May 10, 2013 8:38 AM
28	No	May 10, 2013 3:29 AM
29	A very stressful time for the hospital, puts patients at risk unecessarily. Just because something has 'always been that way' doesn't mean it should stay that way!	May 10, 2013 1:31 AM
30	It desperately needs to change	May 10, 2013 1:23 AM
31	Staggering change over is essential.	May 9, 2013 1:57 PM
32	Changeover is always a hassle, especially when doing oncalls the night before and having to start afresh in a new job, in a new area.	May 9, 2013 6:34 AM
33	there is too much overlap with trainee changeover, which although logical from a time efficiency point of view so months aren't lost, I feel compromises patient care. April and August often SpR and Fy1/2 change over; August Fy1/2/Ct1 change over.	May 9, 2013 3:11 AM
34	It shold also be priority for senior HR staff to not be on holiday at changeover time.	May 9, 2013 1:47 AM
35	No	May 8, 2013 12:26 PM

Page 3, Q4. Do you have any other comments about the changeover process, timing, induction or its impact on you or your training?		
36	I think it's always going to be a difficult transition, and there will always be a difference in competency between an F1 who has just started and one who has done the job for 4 months.	May 8, 2013 11:49 AM
37	The mandatory 4 day shadowing period should be used for shadowing and NOT corporate induction. In areas where a separate period is set aside (often a week or more), then the 4 day period could be used for corporate induction.	May 8, 2013 11:42 AM
38	I feel an extended shadowing period immediately prior to starting would be beneficial to new F1s. It would allow familiarity with the job whilst still having the old F1s present for support,	May 8, 2013 4:50 AM
39	perhaps it would be easier to start F1 one month earlier, rather than shift everybody else's start and end dates around! Then perhaps the last month of this 13 month F1 year could be used for tasters in other specialities prior to core training application, or extra time for those struggling with their portfolio, or locum / leave as suggested above.	May 8, 2013 4:14 AM
40	No.	May 7, 2013 6:57 PM
41	While I would very much like to have a month's break at the end of F2, I think to do so would negate the advantage of having a staggered changeover as there would be no F2, so fewer overall doctors on the ward- less safe than a new F2	May 7, 2013 1:24 PM
42	August is not the most suitable time as this is a time when many senior colleagues are away and with a lot of drs changing on the same day means a month of no-one knowing anything	May 7, 2013 7:44 AM
43	Staggering start dates at the beginning of each year and also at rotation changeover time would be extremely beneficial for patients and trainees.	May 7, 2013 5:43 AM
44	Generally speaking staggering the starting dates seems like a much better idea.	May 7, 2013 5:39 AM
45	staggered for different years makes much more sense.	May 7, 2013 1:38 AM
46	Questions are worded in a confusing way, so what I feel is: change over should be staggered, with an overlap of new and old FY1s, so a bit like etended shadowing but would allow some FY2s to have a day off before moving to a different county for their new job, whilst others stay on and work along side the new FY1. This would only need to be a fortnight. It would also make sense to then start CT1/ST1 a month later. I'm not sure if it is feasible but would be logical if it is.	May 6, 2013 1:54 PM
47	I support the above proposal	May 6, 2013 8:53 AM
48	I like the proposals described here and think they would be beneficial to patient care.	May 6, 2013 1:20 AM
49	Reccommend online induction to be done prior to placement - cuts out a lot of hassle!	May 5, 2013 3:30 AM
50	Appalling continuity of care with current system August's a very bad time for F1 to start as most seniors are on holiday with their kids Staggered approach should be implemented with min 2-3 weeks before more junior colleagues	May 5, 2013 1:45 AM

Page 3, Q4. Do you have any other comments about the changeover process, timing, induction or its impact on you or your training?		
	arrive	
51	I think it is absurd that despite the new mandatory induction for FY1's they do not always know which ward they will be working on until the afternoon before and are therefore unable to meet the team and familiarise themselves with the ward, which is surely one of the key points of an induction. At my hospital both myself as a new FY1 and the cohort a year later were shadowing FY1's in different departments. We got to know generic things such as how to bleep, ward rounds, local equipment etc.. However, the anxiety of not knowing which ward we would be starting on a a few days and then working in a totally new environment could have been prevented with better organisation by the rota co-ordinators and post graduate departments.	May 4, 2013 6:52 AM
52	Staggered would be best. When the whole hospital is new it is difficult to guarantee patient safety, which completly goes against the principle of first we must do no harm.	May 3, 2013 12:52 PM
53	There needs to be increased supervision by seniors, at least, during the changeover period. On my first day I was left on the ward alone with one other new F1. We had no senior support at all. On the second day we had a GPST1, who was also new to the ward so didn't have a clue what was happening. We didn't have a registrar or consultant ward round until the 5 days later (including the weekend).	May 3, 2013 12:47 PM
54	It would be unhelpful to have imposed gaps in salary of more than a couple of weeks for those moving from 1 job to the next along the traditional training route. The competition for locum jobs in this period would become very high so those in need of a constant income would not be guaranteed this. However, the current system where almost all junior trainees in the hospital are taking part in trust induction for a large proportion of the first week in August and would seem sensible to stagger this perhaps by two weeks rather than a whole month.	May 3, 2013 12:19 PM
55	everyone chaging on the same day is not only difficult, but also affects patient safety as you do not kow the syste or where everything is.	May 3, 2013 10:40 AM
56	No	May 3, 2013 10:36 AM
57	Staggered start is great idea.	May 3, 2013 9:01 AM
58	Starting F1 when everyone else is changing jobs is very challenging and often people are struggling to provide supports whilst juggling settling into their F2/CT post- I think a staggered start would be a very good idea.	May 3, 2013 7:51 AM
59	Frankly it is dangerous to have everyone change over at the same time	May 3, 2013 7:11 AM
60	This would mean potentially a month without pay - something I cannot afford.	May 3, 2013 6:21 AM
61	I can't stress how strongly I agree that all junior staff rotating at the same time is unsafe and unfair on everyone concerned, staff and patients	May 3, 2013 6:15 AM
62	As long as there is suitable senior cover on changeover day it runs fairly smoothly. I had a registrar complete a ward round and supervise my first prescriptions so remove the fear.	May 3, 2013 5:45 AM
63	I think if handover is the same day induction needs to be staggered as it leaves 1 day with very few people on the ward	May 3, 2013 4:43 AM

Page 3, Q4. Do you have any other comments about the changeover process, timing, induction or its impact on you or your training?		
64	Several places I have worked in have had terrible induction. Some have demanded that I do several hours of e-learning modules prior to work (which goes against national recommendations) and often have a lack of arrangements to train staff in policies/practices if they are scheduled to do on-call shifts or night shifts on their first day. Also some induction modules have been completely irrelevant, i.e. not applicable to the rotations that I have been doing or work I do. For example, I had to do a manual handling sessions which mainly covered transfer of patients in theatre and adjusting office chairs though I was scheduled to ever be in theatre or ever sat long enough in any office environment to sit in one!! This session was compulsory yet I was not informed about handover procedures on weekend shifts before I had to do one!!	May 2, 2013 2:36 PM
65	Extend FY2 year by a month but pay them for it. They can supervise new FY1s but they need to be paid.	May 2, 2013 1:40 PM
66	Flexible trainees are of great value if they are present over change overs (as I was as a PRHO) as they can smooth the process for the new doctors. I also noticed that on one occasion half the consultants and registrars were allowed annual leave at change over time, and this seems like poor planning as new junior staff, whether F1/2 or CT1/2, need the senior direction in a new post.	May 2, 2013 4:20 AM
67	difficulty moving houses, financially, and induction processes, would be easier to cope with time between jobs.	May 2, 2013 3:32 AM
68	no	May 2, 2013 3:10 AM
69	Some teams have continuing registrars, which tends to be beneficial during the difficult time	May 2, 2013 1:51 AM

Page 4, Q5. What is your grade?		
1	Consultant	May 11, 2013 5:21 AM
2	MEM	May 9, 2013 7:34 AM
3	Administrator	May 3, 2013 8:08 AM

APPENDIX E
SAFE CHANGEOVER LETTER FROM THE BMA

British Medical Association
bma.org.uk
BMA House, Tavistock Square, London, WC1H 9JP

Simon Newell, Chair, Safe Trainee Changeover Working Group
and Howard Ryland, Academy of Medical Royal Colleges
By email to simonnewell@btopenworld.com and howard.ryland@aomrc.org.uk

Junior Doctors Committee and Medical Students Committee

2 August 2013

Dear Howard

Academy Safe Changeover Initiative: staggered start dates

Thank you for circulating the Safe Trainee Changeover Working Group's report, which outlines that the chosen initiative to manage the changeover between trainees is to introduce a staggered period of one month between the foundation programme (FP) and the first year of core/specialty training (CT/ST) programmes.

We agree that patient safety is of the utmost importance, and share the view that trainees must have access to adequate senior support. Our letter of 17 June set out our specific concerns regarding the different options developed by the Safe Trainee Changeover Working Group, and we note that you took these into account when developing the final report. We are pleased that the option to delay the start of the FP by one month has not been taken forward, for example. However, we believe that the chosen initiative still has a number of negative implications for doctors, as well as for the service as a whole, and we would not be able to endorse this option unless they are addressed.

Continuity of service
Continuous service is required to enable trainees to gain full redundancy, maternity, sick pay and annual leave provisions. A method must be developed to ensure these provisions are protected if a hiatus is imposed. Similarly, although many doctors could take up locum posts, this service is counted differently to service in a regular appointment and could become very difficult to calculate.

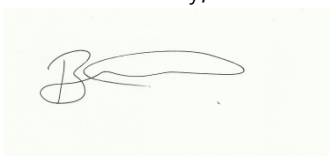
Financial losses
Whilst we acknowledge your observation that 30% of exiting F2 doctors choose the time between FP and CT/ST to develop skills in other areas or take a career break for other reasons, the remaining majority choose not to. Those F2 doctors will need to find an alternative way of securing an income if an unpaid hiatus is imposed and it is unrealistic to expect that they would all be able to secure a month-long locum post. We are concerned that those doctors who are unable to secure locum posts will struggle to meet regular expenses such as rent or mortgage payments.

"Brain drain"
The figure showing that 30% of doctors take time out of programme highlights another important implication: this is a natural breakpoint for doctors who want to continue their training abroad. Should a stagger be introduced without forewarning and in a disproportionate manner, a greater number of trainees may take the opportunity to leave the UK resulting in a loss of a cohort of doctors in training with an in-depth cultural knowledge of the NHS.

We are also concerned that the change pre-empts the possible positive impact of F1 shadowing arrangements that are being rolled out throughout the UK. These implications must be taken into consideration when deciding on an option to mitigate perceived failings in changeover periods, which must also be proportionate to the patient safety issues it seeks to address.

We would be grateful if you would ensure that our concerns are included within the report to the UK Scrutiny Group. We would also appreciate it if you could provide further detail from you on what plans exist to mitigate these problems, should the group take forward this initiative. We would be happy to work with you in developing solutions, if this would be helpful.

Yours sincerely,



Ben Molyneux
Chairman, Junior Doctors Committee

Will Seligman
Co-Chair, Medical Students Committee

Tim Yates
Chairman, JDC Education & Training Subcommittee

APPENDIX F
OPTIONS MATRIX

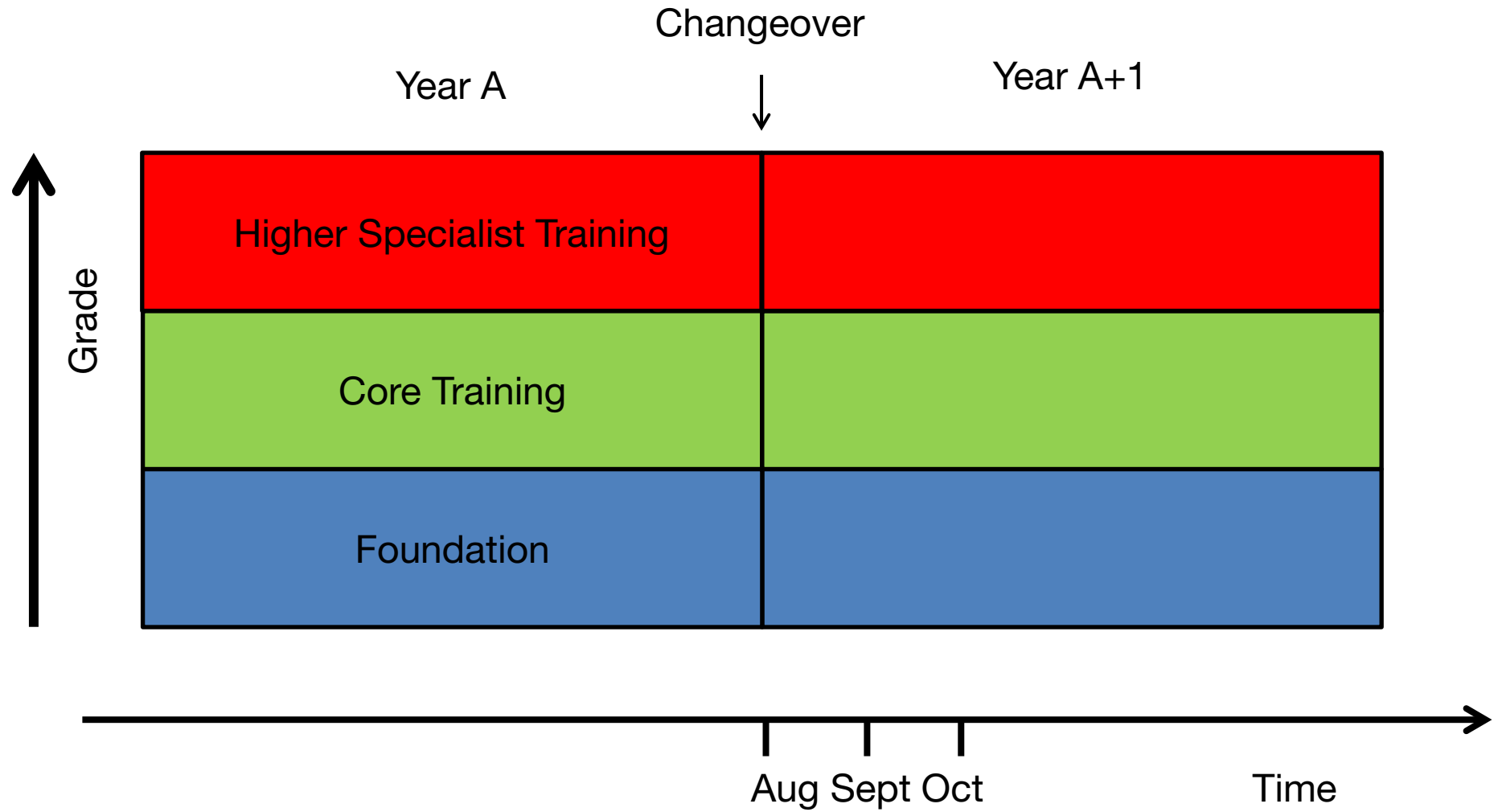
Table of advantages and disadvantages of options

Model	Advantages	Disadvantages
1 Status Quo	• Least disruptive option • Allows deaneries/LETBs flexibility to choose the most appropriate pattern to fit the locality	• Makes national recruitment more complicated • Threatens patient safety • Increases stress for trainees
2 Aligned August changeover	• No gaps in training or employment • Easy simultaneous annual induction • Simple for national recruitment	• Risk of compromising patient safety and increasing the stress on trainees • Strain on rota cover and medical staffing teams • School holidays in much of the UK • Junior trainees do not have the support of senior trainees familiar with specific clinical environment
3 Move Foundation Programme start to September	• Potentially avoids problems caused by reduced staffing levels in August • Some doctors and students feel that an extended break would be desirable	• Newly qualified doctors would be unable to practise and earn for an additional month after completing medical school
4a Single stagger between Foundation and Speciality Training	• Could improve patient safety • Reduction of stress for trainees • Would apply uniformly to all trainees, regardless of specialty • Clear support from survey of Foundation Doctors • New Speciality Trainees would start in September, supported by a high presence of trained doctors • Foundation Doctors would be supported for their first month by more experienced senior trainees • Over 30% of doctors do not progress directly to specialty training after Foundation	• Potential hiatus for doctors immediately after completing Foundation Programme • Trainees who are more junior can be more financially vulnerable and have less access to support networks
4b Single stagger between Core and Higher Speciality Training	• Core trainees are supported by more experienced higher trainees • More senior trainees may have greater financial security • Already happens in many areas	• Will not affect run-through specialties • Majority of doctors continue to rotate at the same time
5 Double stagger	• Minimises the impact of changeover • Ensures that junior trainees have the support of experienced senior trainees at all levels	• Requires repeated inductions • Hiatuses could be financially difficult for trainees

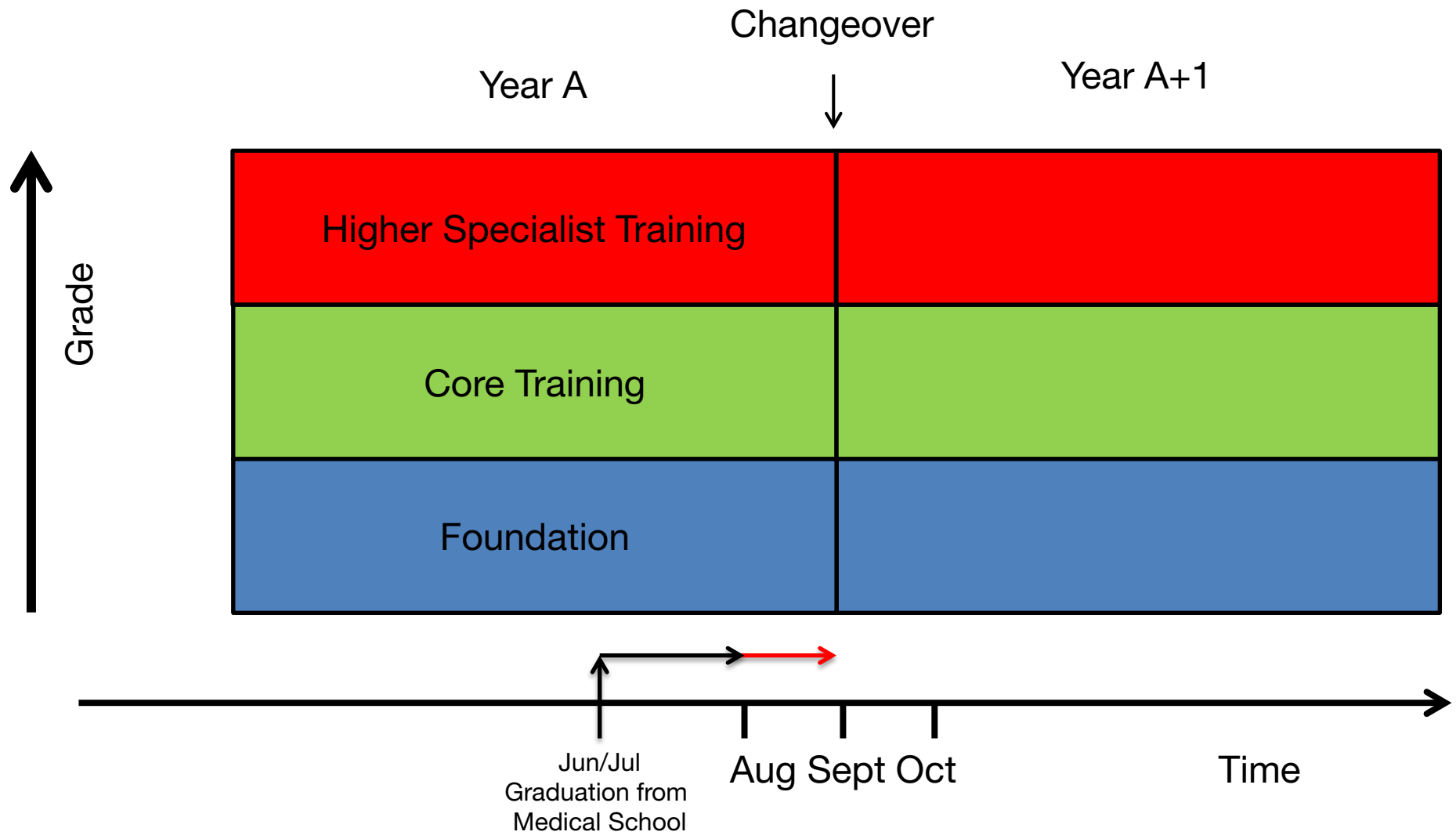
APPENDIX G
VISUAL MODEL OF OPTIONS

These represent the different options identified in the report as they would be once fully implemented
Transition to each model is not considered
Option 1, the status quo, is not represented due to the diversity of current practice

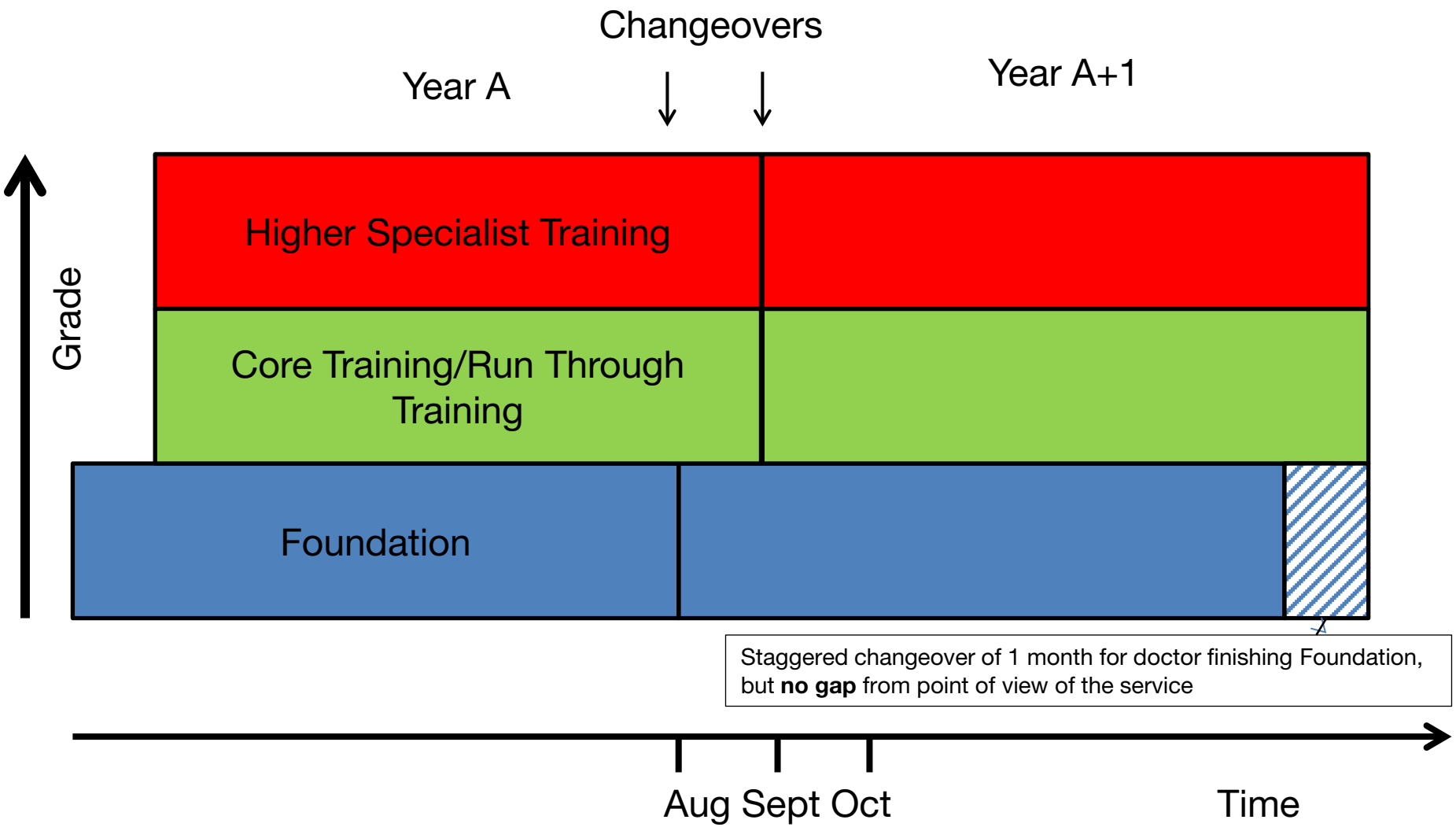
Option 2 – Align to August



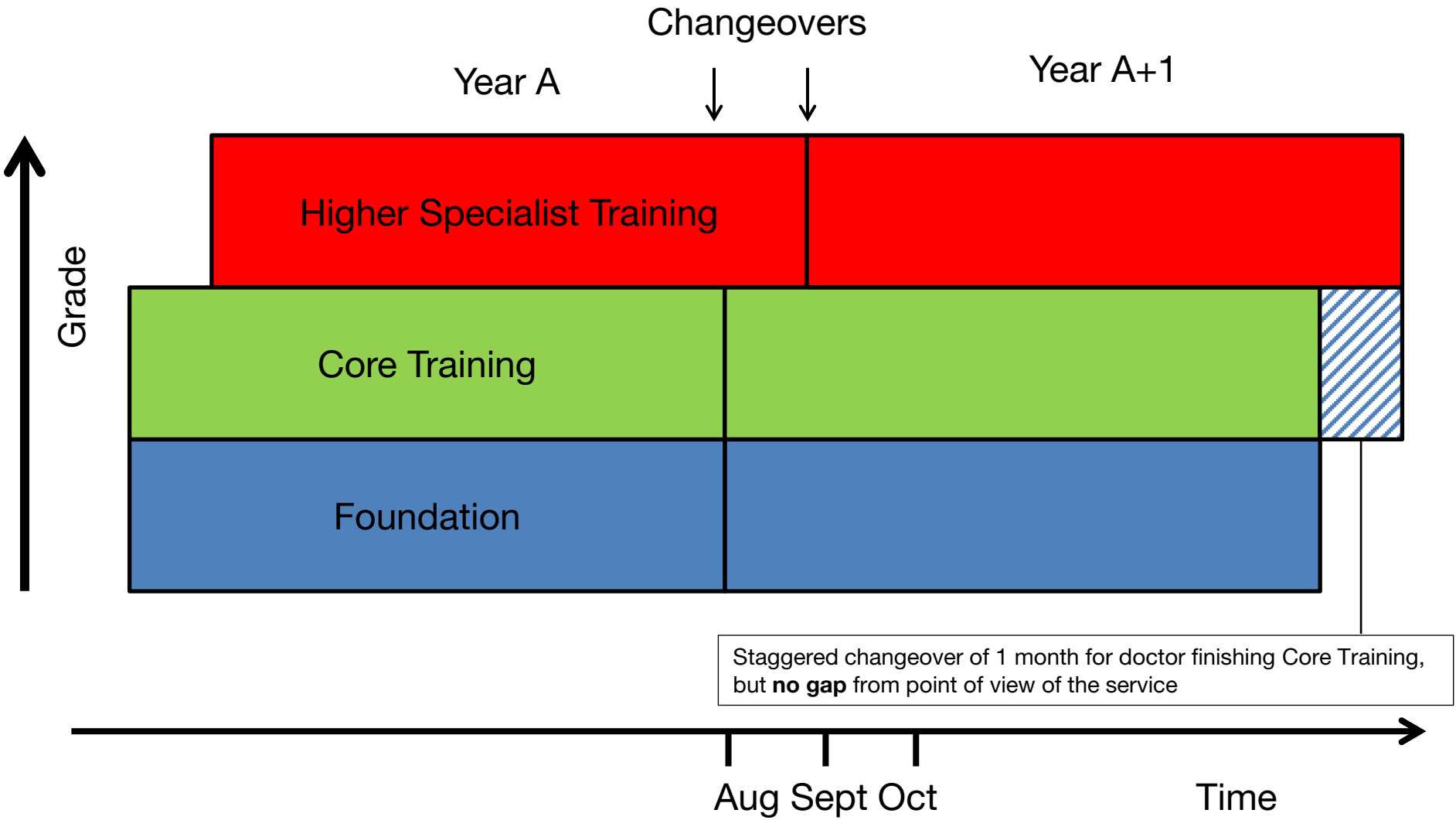
Option 3 – Move Foundation



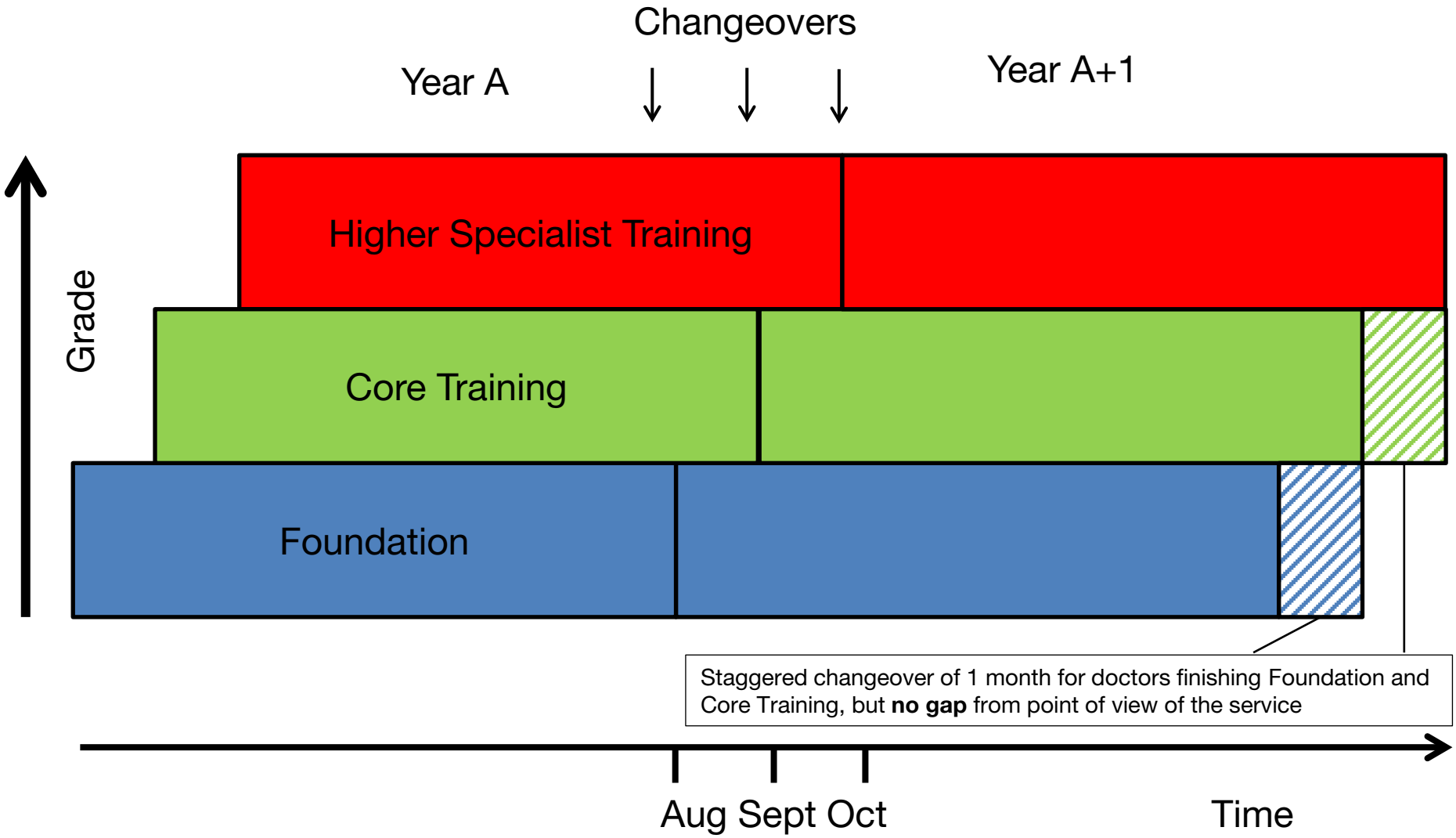
Option 4a – Single Staggered changeover F2-CT/ST1



Option 4b – Single Staggered changeover CST-HST



Option 5 – Double Staggered changeover



APPENDIX H
OPTION 4a - SINGLE STAGGERED CHANGEOVER FROM THE SERVICE'S POINT OF VIEW

Diagram showing transition to staggered paradigm for Option 4a from point of view of the service

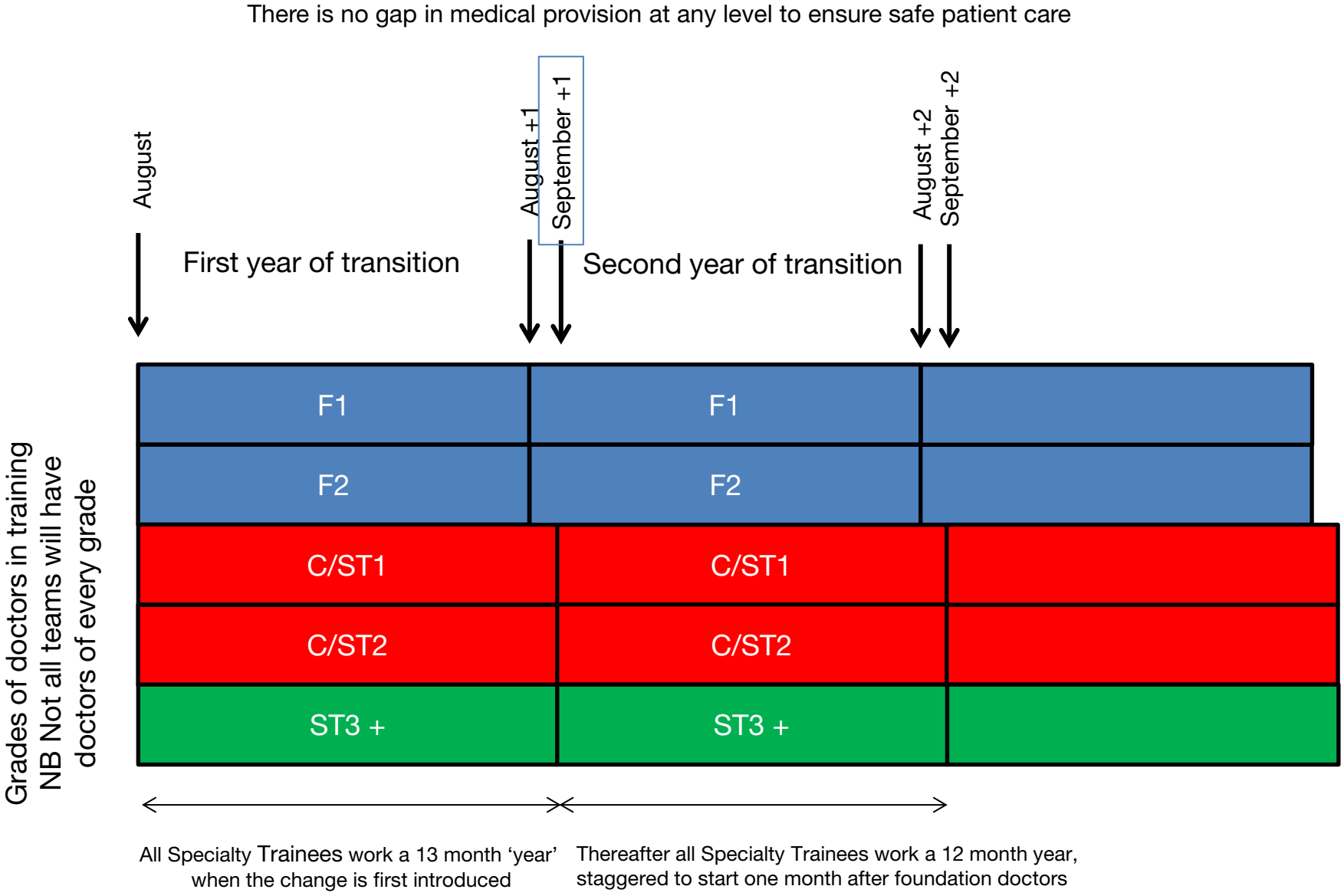
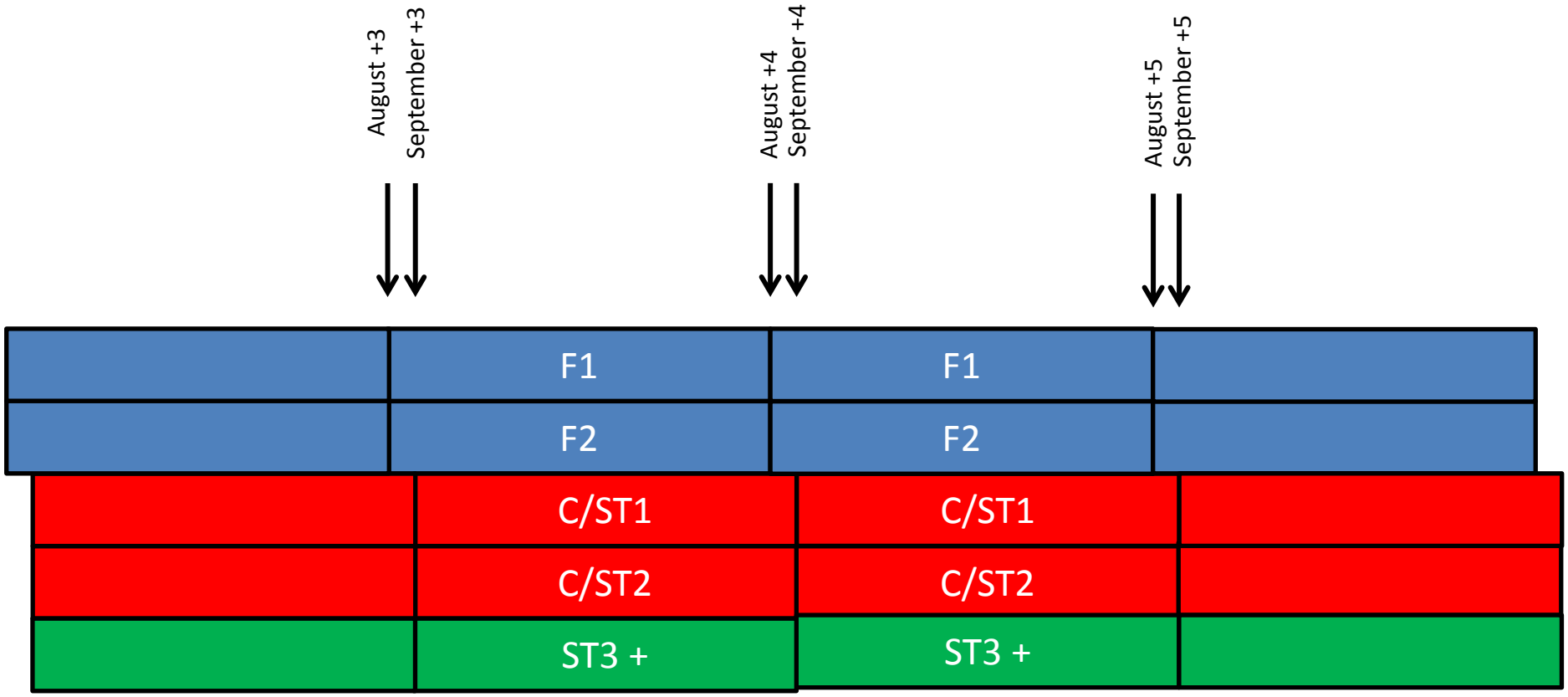
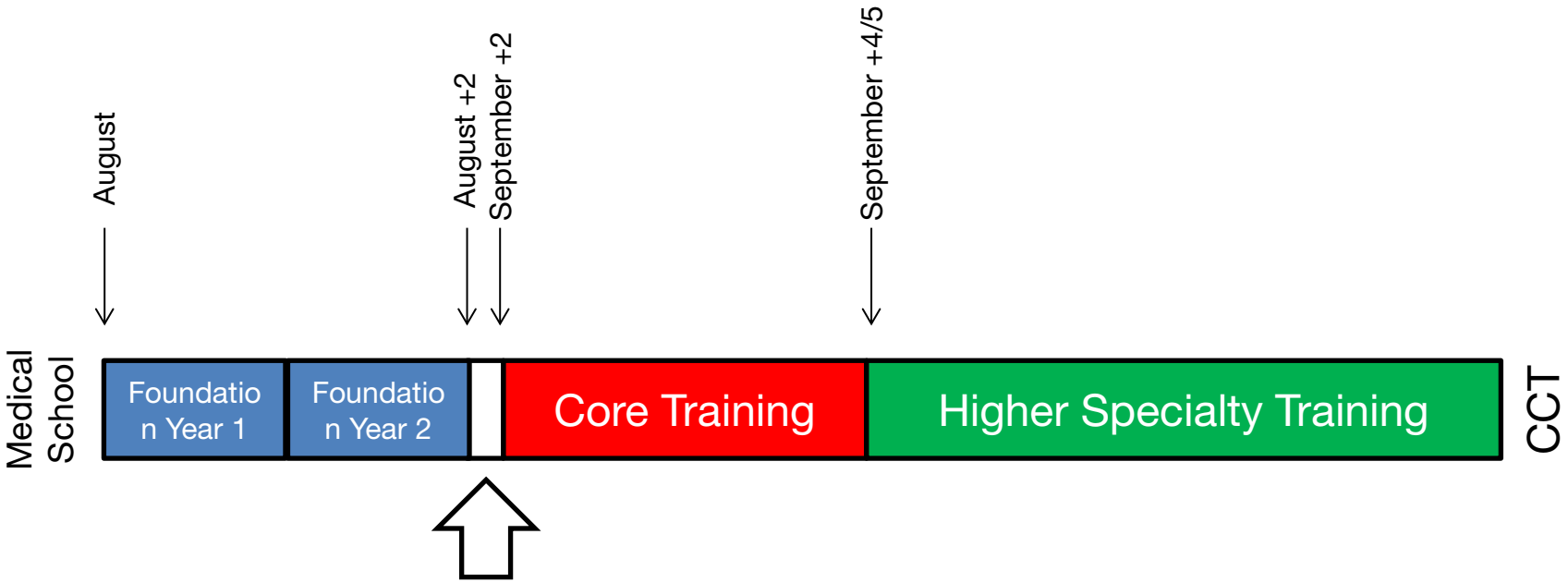


Diagram showing staggered paradigm for Option 4a once fully implemented from point of the view of the service



APPENDIX I
OPTION 4A – SINGLE STAGGERED CHANGEOVER FROM THE DOCTOR'S POINT OF VIEW



If trainees choose to move directly from foundation training to specialty training there would be a month long gap before starting the first year as an ST1/CT1.

The financial impact of this on the individual doctor could be ameliorated by providing paid roles as mentor to incoming doctor, additional training or Performing quality improvement work.