**Rotational Training Key Principles**

**Communication and Transparency**

* Make the geographical limitations of the region clear and explain how this will affect rotational training for resident doctors.
* Ensure there are clear rules or principles for how placements are allocated and use them consistently.
* Explain why decisions are made, if appropriate, so resident doctors understand our reasoning. E.g. some “unfilled” posts are occupied due to maternity leave.
* Keep information of previous placements, so if a resident doctor received their last choice placement one year, this does not occur the following year.
* Basic information on rotations for each programme should be published on the KSS website.
* Explaining Code of Practice to all stakeholders and ensure that this is met at every operational level. This includes recruiting to post for new starters.

**Geography**

* Where appropriate, subdivide KSS into smaller regions to minimise commuting times.

**Organisation**

* Give as much notice of rotations as possible. For some schools it may be possible to give two years at a time. If resident doctors take time out of programme, the implications for these pre- allocated rotations should be made clear.
* Consider resident doctor involvement in rotation design (not allocation) so we have their input, and they understand the challenges involved.
* Where trusts are challenging to rotate to, encourage them to have a “USP” that resident doctors may not receive elsewhere.

**Data and Evaluation**

* Ensure outcome measures, data collection tools and evaluation methods are planned prior to change, and shared when summarised. An outline for this will be available.