

Sent by email

Health Education England
Westbridge Place
1 Westbridge Close
Leicester
LE3 5DR



10th March 2020

Dear colleague,

Re: COVID-19 and plans for management of medical and dental training programmes

You will already have plans in place for managing major incidents and pandemics. The information in this letter reiterates and reinforces our previous guidance developed for winter pressures and flu management. It provides information about the plans and contingency for management of medical and dental training programmes during emergent phases of the COVID-19 outbreak.

1. Introduction

Currently, there is variable demand across the country. Some local trusts are experiencing high levels of demand dealing with local clusters. Public Health England (PHE) continue to monitor the situation and advise accordingly where higher levels have triggered directions to relevant agencies, such as cancellation of elective procedures and reconfiguration of all but essential services.

Health Education England recognises there may be exceptional circumstances when doctors in training may be required to offer assistance/support outside of their usual training pathway and contracted duties.

In conjunction with stakeholders, HEE has developed a set of principles to ensure trainee welfare; that trainees continue to practice safely and that are not exposed to risks to themselves, their families, colleagues and patients through their work or training.

2. HR and employment processes

HEE is continuing to work with stakeholders and NHS Employers to ensure that there are equitable and fair HR processes in place which will include.

- Clear communication and guidance on conditions and criteria for self-isolation, information flows between employee (trainee), employer and training programme faculty
- Clarity about arrangements for self-isolation/sickness absence and eligibility for pay and sickness benefits
- Flexibility on arrangements for leave to cover childcare/carer leave for dependent relatives who may require self-isolation/become unwell
- Management of return from affected areas following travel/leave and periods out of programme.

3. Training programme management processes

HEE is reviewing processes in training programme management to minimise risk e.g. recruitment and ARCPs. This is to mitigate against any negative impact on trainees' progression through the training programme, if learning opportunities to gain required competences are frustrated by events e.g. an exam or mandatory course is cancelled. HEE will provide regular updates as the situation changes.

4. Movement/redistribution of trainees

4.1 HEE have recently added this statement to HEE guidance

HEE recognises and values the significant contribution all our healthcare learners, including doctors in training, make to the delivery of care for patients. We know our learners are dedicated and committed professionals who act to help patients in need.

In exceptional circumstances this may mean they need to work in different clinical areas or even in a different provider within their local healthcare system. However, it is important that these circumstances are truly exceptional and that any diversion of doctors, or others from their training/normal professional responsibilities does not become normalised.

HEE provides guidance for Trusts, GP practices or other healthcare settings facing exceptional pressures and will do everything we can to reduce the impact on learning and training progression of any placement move or change in service provision. The exceptional nature of such circumstances will be taken into account when assessing progress against curricula during this time.

Our Postgraduate Deans and Regional teams will monitor any exceptional circumstances and liaise closely with our education providers.

4.2 Principles for redistribution of trainees across specialties

There may be occasions where, due to increases in local demand, there are requests to move trainees to provide additional support in other areas/specialties in their trust or in exceptional circumstances at another site. Health Education England's Deans will provide guidance that enables the movement of trainees under emergency situations to safeguard patient care. This safeguards trainees and minimises any loss of education and training.

The same principles applied for movement of trainees to manage winter pressures are being used, which will be updated and amended for COVID-19.

Where movement of trainees might be required, arrangements should be discussed prospectively with the Postgraduate Dean (PGD); be short to medium term; not impact on doctors training longer term; be subject to regular review and updates to the PGD; ensure that trainees are adequately supervised in the host environment and specialty and work within the limits of their competence appropriate to the stage of training.

It might be helpful to have plans in place that address the areas upon which the PGD would seek reassurance before the conversation with the PGD team. These should include:

- The detail of planned cross cover/move e.g. surgical trainees released to provide medical cover
- Supervision arrangements for doctors working outside of their usual programme
- Supervision should be from a senior doctor in the covering specialty e.g. ST3 or above in general internal medicine, able to make decisions and discharge patients

- Where junior doctors are providing medical care on outlying wards outside of their normal training programme, that the medical team maintains responsibility and accountability for the patients
- Those patients on outlying wards are regularly reviewed by a senior medical clinician (ST3 and above) from the medical team responsible for them
- Trainees should provide the care within an environment with which they are familiar e.g. caring for outliers on their “normal” wards before they are moved to different, unfamiliar environments.
- In whatever environment, there needs to be clear accountability for, and supervision of, the trainees caring for the group of patients who are not in an ideal environment (e.g. outliers, short stay, acute receiving)
- Duration of the cover/move and assurance that it does not breach safe working hours/practices
- Criteria and arrangements for exceptional cancellation of protected teaching
- Assurance that trainees are not unreasonably burdened with educationally unproductive tasks that might frustrate development of the required competencies
- The mechanism for informing trainees and their usual training programme faculty including clinical and educational supervisors.

4.3 Movement of senior/higher specialty medicine trainees

In response to the expansion of regional High Consequences Infectious Disease (HCID) centres across the UK, there have been a limited number of requests to move senior infectious disease trainees (General Internal Medicine – GIM & ID) from peripheral sites in host Trusts to the regional centres with HCID beds.

Currently, the requests are small numbers which have been managed on a case by case basis which ensures that stability of service in the host trust is not compromised in accordance with agreed principles:

- The justification for the request should be evidenced by exceptional circumstances
- Trainee movement across sites should not be mandated. Trainees should not feel pressured and should be able to volunteer
- The movement/transfer should be with prior approval of the Postgraduate Dean, the Specialty School, training programme director and the host and donor trusts. This is in accordance with the framework agreed with Public Health England (PHE) for moving senior Public Health Trainees in response to COVID-19
- All reasonable steps should be taken to reduce impact on service delivery on the donor trust and, if appropriate, options for backfill using other suitably qualified health professionals should be explored
- Patient safety is paramount, and movement of trainees might be refused if the risk assessment is that the movement would adversely impact service delivery, safe practice and training
- Movement of trainees should be monitored through the specialty schools with regular reporting to the Postgraduate Dean and to HEE Deans.

Postgraduate Deans will endeavour to ensure that there is a senior member of the team available for advice with decisions made in a timely way during this busy time.

All clinicians should be reminded of the PHE advice about safe practice during the COVID-19 outbreak:

<https://www.gov.uk/government/collections/wuhan-novel-coronavirus>

HEE's Policy and Procedure for Management of Pandemic and Major Infectious Disease Outbreaks is available on the HEE website:

<https://www.hee.nhs.uk/news-blogs-events/news/pandemic-major-infectious-diseases-management-plan-procedure>

Further coronavirus guidance for clinicians is available at www.england.nhs.uk/coronavirus/.

HEE is reviewing the situation daily and will provide further updates if required as the situation changes on aspects of training such as study leave and course and conference attendance, recruitment and selection processes, rotation dates, ARCPs and the impact of any illness or changes in training to progression through training.

Yours sincerely



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