

To all Drs in Clinical Fellow positions in NHS Lothian

19.10.20

Dear Colleagues, you represent a group of approx. 120 Doctors from various backgrounds and specialities; what unites you is the fact that you have chosen to come and work with us in NHS Lothian in a non-training position over the year Aug 20-21 and we are very grateful for that.

You will of course be aware of an increase in the number of COVID positive patients in our hospital wards and critical care/high dependency areas in keeping with the increase seen across the rest of the country. We know the first wave is still very fresh in all our minds and you may be feeling increased anxiety and a level of stress at the thought of returning to the working patterns of March to July '20.

**Some of you will have experienced disruption to your professional development if you were in a training position up until August; we would like to reassure you as much as possible that should it be necessary to make changes to work patterns, including temporary deployment to a different clinical service in response to COVID pressures we will support you.**

During the first wave of COVID in NHS Lothian we organised a redeployment of Doctors in training (DiT) to ED, Critical Care and Medicine to support the teams working there. We witnessed levels of kindness, flexibility and personal resilience from all of our doctors and remain both impressed by, and grateful for that support and help. We have learned from those experiences, and this has contributed to our planning this time round; understanding the different context of a winter season and the hope of maintaining some planned elective activity.

Our Clinical teams have appointed Fellows like you to support the anticipated activity in Medical specialities, ED and Critical care across all our Lothian sites, with some of you working in other clinical specialties to support healthy working patterns. While we all hope that the clinical demand will remain manageable within current staffing models, there may come a point when we do have to consider moving medical staff in response to service need.

For **Drs in training positions** the principles in the attached guidance from the UK Postgraduate Educational Organisations will guide any redeployment alongside specific educational needs of the DiT considered to minimise the impact to educational progression. As a **Clinical Fellow**, you are not aligned to a curriculum of training so the impact of a move to another clinical service, while personally challenging, will not impact as heavily on your professional development and progression.

The plan is to deploy our **Clinical Fellows** in the first instance (where possible) to be followed by a redeployment of DiT in phases as clinical demand requires. Deployment will be for the shortest time possible, will not disadvantage you financially and will be with full oversight from Lothian HR and the Medical Education team (MED). Please be assured that this will not happen without a one-to-one conversation, either virtually or in person, with your current & new clinical team.

From the MED perspective we will ensure appropriate induction and clinical supervision for any Fellow moved and will continue to post resources and updates on the MED website <https://www.med.scot.nhs.uk>

**If you have concerns or specific queries, please don't hesitate to contact your local Clinical Director.**

Thanks for your support.

**Dr Caroline Whitworth** Medical Director Acute Services

**Dr Simon Edgar** Director of Medical Education



Register at <https://www.med.scot.nhs.uk> for regular updates  
and use Trickle for feedback <https://www.med.scot.nhs.uk/wellbeing/trickle>



## Maintaining Postgraduate Medical Education and Training

### Principles for Educational Organisations during Pandemic Surges

To ensure availability of the senior medical workforce in the future, it is essential that trainees of all grades continue to be given the opportunity to progress. Without this being prioritised, there will be delays in the progression to higher specialty training and achievement of CCT by both GP and Hospital Specialty Trainees. This in turn will result in a lack of opportunities and posts for Foundation and Core trainees to apply for. While the loss of training opportunities during the initial phase of the COVID-19 pandemic did not prevent most trainees progressing, any further impact on training from subsequent surges will have a cumulative effect, potentially resulting in delayed progression for many trainees.

1. **Planned rotations** of trainees during the 2020-21 training year (including associated formal inductions) should continue to be planned for. Any disruption to rotations should only occur as an exception; by agreement with the Postgraduate Dean after exhaustion of other options; and when appropriate should be aligned to local responses to the pandemic.
2. **Redeployment of trainees** in response to a pandemic surge should be
  - a. planned for by the service and only occur where there is both service delivery and educational support
  - b. discussed and agreed with the Postgraduate Dean in advance of any change,
  - c. staged,
  - d. considered in consultation with the trainees involved,
  - e. proportionate to the clinical need,
  - f. of the minimum duration necessary to support essential service response,
  - g. supported by appropriate induction and supervision,
  - h. for a set period of time and not extended without further agreement of the Postgraduate Dean to minimise cumulative disruption to training for individual trainees.
3. **Formal Education** should continue to be provided for trainees during a pandemic surge. Organisations should make arrangements so that formal education sessions can be recorded, stored and made accessible to trainees at a later time. Protected time for learning should still be provided if, due to a pandemic surge, trainees cannot be released at the scheduled time. Formal education relevant to the specialty the trainee was expected to be working in should continue, in addition to any education required related to redeployment duties.
4. Every effort should be made to maximise the opportunities for trainees to have appropriate access to gain **Practical Experience** during a pandemic surge wherever the trainee is being hosted. This will involve facilitating trainees to access training in the independent sector if that is where clinical services are being provided.
5. **Work Place Based Assessments** should continue to be completed for trainees during a pandemic surge to document the capabilities demonstrated (including Generic Professional Capabilities) wherever the trainee is being hosted. Senior staff should continue to have time

made available to discuss these assessments and provide feedback to trainees on their performance.

6. **Clinical and Educational Supervisor meetings** should continue to take place providing feedback, support and advice to trainees; facilitating reflection; promoting wellbeing; and assisting with progression in training.
7. **Senior staff** should be supported and released to contribute to recruitment and selection, teaching, examining, annual reviews (ARCP) and quality management activities.
8. Approved **Study Leave** should continue to be supported for trainees during a pandemic surge wherever possible.
9. Trainees should be released to take part in **Recruitment and Selection** processes as organised by National or Local Recruitment Offices.
10. Approved **Examination Leave** should continue to be supported for trainees during a pandemic surge.
11. **Out of Programme placements** should continue to be supported for trainees during a pandemic surge wherever possible – as these may be ‘once-in-a-programme’ opportunities.
12. **Annual Reviews of Competence Progression** (ARCPs) should continue to take place during a pandemic surge using the 4N SEB COVID-19 Decision Aid and GMC-approved derogations from Royal College and Faculty curriculum learning outcomes and evidence.
13. **Professional Support** should continue to be provided during a pandemic surge by Local Education Providers and Dean’s Professional Support teams.
14. **Academic trainees** should be supported to contribute to clinical services, if required, through individualised plans jointly developed with their Training Programme Director and academic supervisor. Trainees should only move into clinical roles using this supportive process with the agreement of their Postgraduate Dean and return to academic training as soon as is feasible.
15. Proportionate **Quality Management** activities should be supported so that the SEBs and the GMC as regulator can be assured about the quality of postgraduate medical education.

**9 September 2020**



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