To all Drs in training in NHS Lothian **19.10.20**

You will be aware of an increase in the number of COVID positive patients in our hospitals and critical care/high dependency areas in keeping with the increases seen across the rest of the country. We know the first wave is still very fresh in your minds and some of 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 .

We would like to reassure you as much as possible that should it be necessary to make changes to work patterns, including redeployment, in response to COVID pressures we will support you and there is a plan that we have made in collaboration with NES.

During the first wave of COVID in NHS Lothian we organised a redeployment of Doctors to ED, Critical Care and Medicine to support the teams working there in anticipation of a deluge of patients. In fact, with the benefit of hindsight, not all of those of you who contributed to these efforts were required, and we probably took longer than needed to stand down our response and return those of you who contributed back to planned rotations. Whilst each redeployment was planned and executed after one-to-one discussions, they were by necessity carried out with some urgency due to the unknown nature of what was facing us all in March, and when exactly it would hit. We have learned from our experiences in the first wave and this has contributed to our planning this time round.

It is challenging to predict staffing requirements for a second or indeed third wave, not least because we cannot fully anticipate the background level of activity which will go on around COVID especially with winter looming and with the hope of maintaining some planned elective activity this time around. Our Critical Care provision and aligned staffing in Lothian has been enhanced as we recruited extra Clinical Fellows during the summer; in other specialties we have more Clinical Fellows than previously and a lived experience of when extra staff are useful and when not. It is hoped that these factors will avoid the requirement for mass redeployment on the scale seen in March.

In planning any potential moves, cognisance will be taken of all the principles stated in the attached document from the four UK Postgraduate Educational Organisations alongside our own principles. As previously, potential moves will be discussed with your personal and educational needs considered. We will ensure appropriate induction and both clinical and educational supervision for any trainee moved. Redeployment will be for the shortest time possible and will not disadvantage you financially; our liaison with NES will also ensure oversight of your educational progression.

Whilst we all hope that the clinical demand will remain manageable within current staffing models there may come a point when we do have to redeploy trainee medical staff swiftly and in response to service need. Please be assured that this will not happen without a one-to-one conversation either virtually or in person with a member of the team in Medical Education and in collaboration with your current & new clinical team.

If any of you have concerns or specific queries, please don't hesitate to contact any one of us on global email or via your site Educational Coordinator or the Chief Registrars and we will respond as soon as possible - see https://www.med.scot.nhs.uk/about-us for details.

Thanks for your support & kind regards.

The MED Team

Simon, Hannah, Lesley, Sara, Iain, Rob, Ken & Marion

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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