Redeployment Amidst COVID-19: Guiding Principles

Executive summary

This document, prepared in collaboration with the Joint Royal College of Physicians Training Board and trainee, SAS and LE doctor representatives from the three Physician colleges, outlines key principles to ensure that the impact of re-deployment on physician trainee, LE and SAS physicians is minimised and is seen to be fair and consistent. [see footnote[i]]

The Key principles outlined are that re-deployment should:

- Happen only when necessary and for as short a time as necessary
- Involve a commitment to protecting training time
- Encourage autonomy by involving trainees in rostering
- Support well-being
- Have robust data collection mechanisms both nationally and locally so that impacts can be assessed

Redeployment during the COVID-19 Pandemic

The number of cases in the second wave of COVID look likely to have a significant impact on the NHS. Given this, it may be unrealistic to retain our current aspirations that trainee doctors should not be redeployed. In the recent GMC national training survey, 80% of trainee doctors said disruption caused by coronavirus reduced access to the learning they need to progress. [1] In association with recruitment concerns, exam cancellations, training progression and the stress of providing care to patients under pandemic conditions, there are multiple pressures which can lead to stress and burnout. It is imperative that we identify realistic solutions to sustain training throughout this pandemic. Below we set out the principles which we believe should be adhered to when considering the re-deployment of doctors who are currently in training.

1. **Only when necessary:** Care should be taken that redeployment only happens when absolutely necessary and when all other options including re-deployment of senior staff, and appropriately skilled extended healthcare providers have been explored. This will ensure as few trainees as possible are taken out of their normal training environment. This is especially important as attempts are being made to sustain non COVID related clinical work including procedures e.g. angiography, and endoscopy. The 2020 GMC trainee survey demonstrated a relatively even spilt between doctors who felt they had a heavier workload during the pandemic and those who felt it was lighter; illustrating variation across the country and speciality. Workload within the specialty should be factored into redeployment decisions. The principles set out in the most recent guidance from HEE and the four nations should be adhered to. [2-3].

2. **Time to Train:** This principle recognises the need for a trainee to have the ability to contribute practically to the pandemic but to have space and time to train. Strong consideration should be given to maintaining sessional attachment to the parent speciality to gain and maintain skills needed for progression. As per the four nations guidance, there

3. should be a commitment to honour educational and study leave. [3] This should include managerial support to regain any lost SPA time.

4. **Supported:** Doctors should never be placed in areas outside of their skillset or without appropriate induction and support. Induction to the new environment must be clear and include key policy documents and clinical guidelines. We would strongly support the need for a 'well-being induction' for all re-deployed doctors highlighting where and how to access support. A trainee should have a named clinical supervisor and the offer should be made of a 'trainee medical mentor''- A colleague who was acquainted with working within that environment and who could provide advice. A trainee-pairing scheme should be considered to help support trainees working outside of their usual environment. Most trainees felt there was a culture of positive teamwork during the last wave, this is supported in the GMC survey. This is to be congratulated and continued.

5. **Rostering for well-being:** If redeployment leads to re-rostering, there should be involvement of staff affected by rota changes in the making of the new roster. There should be adequate rest days, and contractual obligations including hours and working patterns should be adhered to as per BMA requirements. In England, the guardian of safe working should be notified wherever this is happening. One quarter of trainees in the GMC national trainee survey felt subject to burnout of a high degree due to work. [4] A BMA survey found 59% of doctors surveyed had 'higher than normal' levels of fatigue or exhaustion related to work during the pandemic. Annual and study leave should remain as readily available as much as possible. More detailed guidance on rota development is available. [5-6]

6. **Data collection:** Robust data collection should be encouraged so that the impacts of re-deployment on postgraduate doctors are understood. This can include national training surveys but also data collected by exception reporting where this is available and monitoring exercises in the devolved nations. We would expect Trusts and Deaneries to proactively gather feedback on re-deployment using local processes such as junior doctors forums and specialist trainee committee representatives and feed this back, including what steps have been made to mitigate issues, to the postgraduate deans. The needs of postgraduate doctors need to be monitored throughout the pandemic and for years beyond as they strive to maintain the highest standards of clinical excellence despite the pressures on training caused by the pandemic. It is imperative that data are collected, reviewed, and acted upon.

References

1. GMC survey, GMC 2020. Found https://www.gmc-uk.org/-/media/documents/nts-results-2020---summary-report_pdf-84390984.pdf
2. HEE Guidance: Supporting the NHS during resurge phases of COVID-19 and the ongoing pandemic: managing the training workforce.
3. Joint four nations guidance: Maintaining postgraduate medical education and training principles for educational organisations during the pandemic stages.

4. COVID-19: analysing the impact of coronavirus on doctors, BMA 2020. Found https://www.bma.org.uk/media/3450/bma-covid-19-survey-results-for-all-doctors-oct-2020.pdf
5. British Medical Association BMA Fatigue and Facilities charter. BMA, 2018. Available from www.bma.org.uk/media/1076/bma-fatigue-and-facilities-charter_july2018.pdf
6. Roycroft M, Bhala NB, Brockbank S, O'Donoghue D, Goddard A, Verma AM. Rostering in a pandemic: Sustainability is key. *Future Healthc J*. 2020;7(3):e54-e56.

Footnote

Specialty and Associate Specialist (SAS) and Locally employed (LE) doctors. The word trainee in the document includes LE and SAS physicians who are trainee like and are likely to be on trainee roster and not to LE and SAS physicians who are consultant like and likely to be on senior rota