Process for Redeployment of Doctors in Training to Support Service During Crises such as Pandemics

This document reflects a consensus among the Scotland Deanery and the Scottish Directors of Medical Education (DMEs), informed by learning from the experience gained during the previous waves of the COVID pandemic in 2020 through to summer 2021.

The premise underpinning the process that is described is that during a crisis such as a pandemic the National Health Service is likely, at times, to struggle to cope because of the volume of unwell patients and /or because staffing levels are depleted. Also the usual range and scope of service provision may be compromised. Under these circumstances Scotland Deanery and the Scottish DMEs are supportive, in principle, of the redeployment of doctors in training to support patient safety through service provision. Redeployment of doctors in training should only be considered when all other options have been exhausted.

Every effort will be made to redeploy doctors in training only where and when necessary, for the minimum time required by service needs, and to ensure that training continues (albeit not necessarily covering the aspects of the curriculum that were due to be covered in the posts from which the doctors in training have been redeployed). Decisions to redeploy doctors in training will take into account individuals' circumstances and the benefits and risks to training. Contingency planning for the potential redeployment of doctors in training requires early discussions with their Foundation/Training Programme Directors (F/TPDs) to ensure that those who could be redeployed, should the need arise, have been identified and can be called upon when needed. That need may not arise.

It is acknowledged that during a crisis, the impact on the NHS may escalate rapidly – and may overtake some or all of what is proposed in this document.

Contents:

Section A: Principles underpinning the redeployment of doctors in training to support service

A.1.Decisions around redeployment

1. Redeployment decisions should be tailored to local need, to the level of individual LEPs and Health Boards (but may need to be generalised depending on how the crisis unfolds). Redeployment should only be considered when re-deployment of non-training staff has been exhausted.

2. On behalf of Health Boards, DMEs will lead this process, selecting from among those doctors in training identified as being most suitable for redeployment by the F/TPDs & Associate Postgraduate Deans (APGDs) (see section D).

3. The potential need for redeployment should take into account the needs of all Health Boards & LEPs including Remote & Rural settings and the Island Boards. Collaborative approaches to service support between Boards may be required and will need discussion at senior management level, such as MD to MD.

4. Redeployment decisions should be considered for trainees in some programmes more than others – reflecting learning opportunities afforded by the pandemic and given that it is probable that Health Boards will strive to continue with at least some specialty service provision with training opportunities despite the pandemic.

5. Redeployment decisions should be individualised within trainee cohorts and individual factors will trump general agreements around particular cohorts of trainee. Listening to trainees' perspectives and taking account of their individualised learning needs around their redeployment is important in informing decisions.

6. DMEs should retain job-planned education sessions to support the process for the redeployment of doctors in training (see section D).

7. F/TPDs & APGDs must retain job-planned Deanery sessions as they have a key role in identifying from among the trainees in their programmes which doctors in training are potentially in the frame for redeployment taking into account trainees' individual circumstances (see Section D). F/TPDs and APGDs will also need to provide support to trainees who struggle with the pressures arising from redeployment.

8. APGDs with specific Deanery funded and job planned trainee support and wellbeing responsibilities (e.g. Professional Support, Less than Full Time) are essential to maintain trainee support. These sessions must be retained.

9. Redeployment of trainees must remain under the oversight of the Postgraduate Dean for the trainees' programme.

10. Aim to support planned and scheduled rotations of doctors in training to occur in so far as it is feasible and practicable to do so.

11. Redeployment should be on the basis of being for a single calendar month at a time – and rolling forward on a month by month basis should this be necessary.

12. The process should be predicated on the principle of fairness to all, and while individual circumstances may mean that some are not redeployment while others in the same cohort are, this policy, and the factors that will be taken into account will be open and transparent.

13. These principles are not designed to preclude application of a degree of flexibility in supporting the provision of services under pressure as service and training environments vary considerably in size and complexity and in their resilience when responding to such challenges.

A.2.Expectations during redeployment

14. Aim to support trainee progression and to maximise training opportunities including opportunities to acquire competences – despite or by virtue of redeployment. The aim should be to continue with provision of WPBAs and access to formal learning events such as educational meetings during redeployment. This should include access to essential study leave.

15. Where appropriate, named supervisors should retain education sessions to support the provision of WPBAs and education meetings in so far as circumstances allow.

16. Redeployment must be supported by induction to new roles and responsibilities in the new department.

17. Clinical supervision must be specified for each redeployed doctor in training in the new training environment. All FY1s must continue to have direct clinical supervision.

18. Support for FY2s & GPSTs to function at a higher grade if they have done 4-6 months in medicine and if they have demonstrated competence to do so – this will be an aspect considered on an individual basis and risk assessed from a clinical governance perspective.

19. ‘Acting-up’ as consultant - potentially for longer than the usual (up to 3 months), and not necessarily restricted to final year during COVID). ‘Acting-up’ is only into a consultant vacancy (as per Gold Guide), and is managed, as usual through the OOP process.

Section B: The cohorts of doctors in training that are better placed to support service during a crisis such as a pandemic (Appendix A – provides further details).

Local whole system pressures may mean that some of these trainee / specialty groups are not able to considered, and will continue to deliver valuable service contribution, whilst those in subsequent groups require to be considered.

Any redployment decisions would initial consider those in Box A, followed by those in Box B and finally those in Box C.

Group A

• Anaesthetics/ICM/EM (A)
  ○ Includes flexibility to work in ICU
• Foundation (A)
  ○ FYs where they are supernumerary – i.e. no contribution to OOH rota
  ○ FYs in specialties where elective work is cancelled (ward is closed) and workload dramatically reduced
• GP
  ○ GPST2s in hospital placement, but not those in community placements
  ○ GPST1s & 3s should remain in GP practice
• Medicine (A)
  ○ Higher trainees especially in Group 1 specialties would be more appropriate to redeploy than IMTs, in general.
 	
Notes: Within the cohorts above decisions around redeployment will be made on an individualised basis. Redeployment decisions will take into consideration the risk of destabilisation of services.

Group B

• Anaesthetics/ICM/EM (B)
  ○ CT2/ACCS3, ST4 and ST7 trainees are at critical points in progression
• Broad-based Training
• Medicine (B)
  ○ Given the specific needs of IMTs – redeployment of IMTs is undesirable
• Foundation
  ○ FY2s in Mental Health, provided sufficient core or higher mental health trainees to manage the in-patient work
• Surgical specialties including Ophthalmology
  ○ decisions about redeployment of surgical trainees should be driven by whether elective surgical services continue or are suspended during subsequent waves of the pandemic (see Appendix B).

Group C

• Diagnostics
  ▪ Diverse range of services incl some such as Virology and Combined Infection Trainees in Virology in services under pressure re COVID
• Mental Health (B)
  ▪ including mental health specialty trainees and GPSTs in mental health posts

- Obstetrics & Gynaecology, Paediatrics
- Occupational Medicine
- Out of Programme Trainees – OOPR, OOPT, OOPE, OOPC
    - **only** trainees whose research activities have been prevented by COVID
- Avoid redeploying more senior trainees who are Out of Programme
- Public Health

Section C: The factors that will be considered to inform individualised decisions to support flexibility around the redeployment of doctors in training.

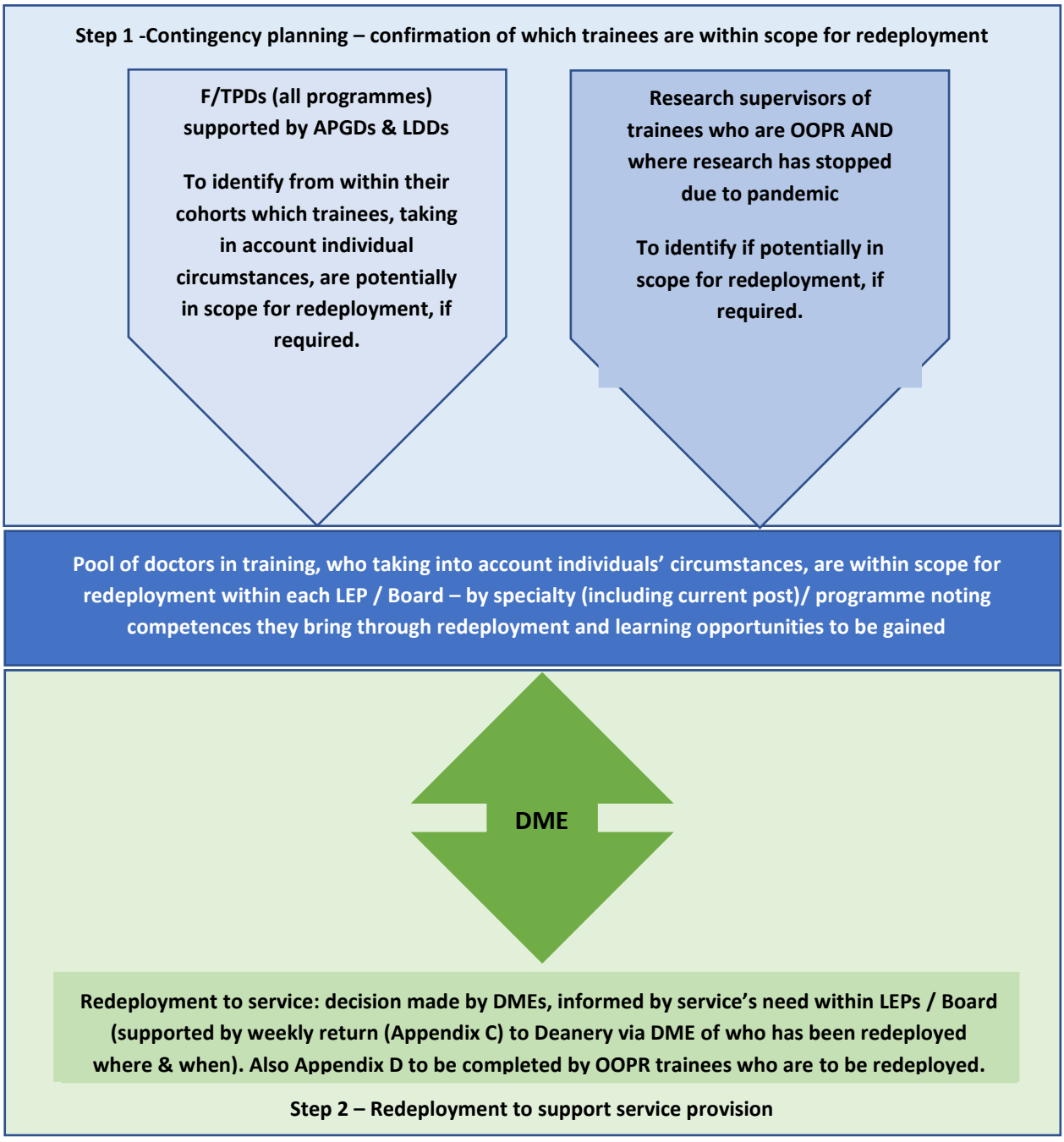
a. Potential health risks of harm to trainees

b. Potential risk to training progression – trainees on ARCP outcomes 10.1, 10.2 (in particular where previously acquisition of competences has been compromised, rather than, for example, not being able to sit a College exam because of COVID).

c. Potential risk to training progression – trainees on ARCP outcomes 2, 3 – depending on circumstances (noting a distinction between non-engagement in education process and need for specific competences)

Section D: The process to effect redeployment

Note that during a surge the impact on the NHS may escalate rapidly – and may overtake some or all of what is proposed in this document.



Section E: Communications

Note that during a surge the impact on the NHS may escalate rapidly – and may overtake some or all of what is proposed in this document.

Planning for redeployment of doctors in training requires meetings of stakeholders including DMEs and with academic stakeholders (this latter group in relation to redeployment of doctors in training who are OOPR).

Intra-Deanery communications

- With F/TPDs - Email to all F/TPDs to apprise of process
- Email to all trainees to apprise of process
- PGDs to collate regular feedback through senior team meetings
- Refresh Deanery website re COVID implications this time

It is our expectation that all doctors in training who are redeployed would have at least one 1:1 (virtual) meeting prior to their redeployment.

Appendix A: Specialty / programme cohort-specific opportunities or constraints to be considered (by specialty grouping)

1. Diagnostics

- The educational impact of redeployment of ST1s in larger programmes (e.g. Histopathology and Radiology) is likely to be smaller than for more senior trainees, a number of whom already have ARCP 10.1 / 10.2
- Where there has been a reduction in the workload in diagnostics redeployment may be reasonable, although in doing so this may reduce the service's ability to sustain out of hours emergent activity.
- ST1s in larger programmes may generally be less immediately impacted educationally by redeployment. More senior trainees may lack the competencies required for supporting the frontline COVID response and their redeployment would be less desirable.

2. Emergency Medicine, Anaesthetics & ICM

ICM

- Serious concerns as how ICM trainees will secure curricular competencies in partner specialties of Anaesthesia, EM and AM if reduction in theatre lists and clinical opportunities during pandemic.
- Also concerns of unidimensional experience as ICUs fill with COVID patients.

Anaesthesia

- Rotations should continue. This was possible during first wave with support of LDD.
- If elective theatre work continues with opportunity to train in general anaesthesia then redeployment should be kept to a minimum.
- CT2/ACCS3, ST4 and ST7 trainees are at critical points in progression. They will have already lost 3-4/12 of general anaesthetic training during first COVID wave. If redeployed again then would require extension to training with recruitment ramifications for Core, ACCS and consultant posts. They should be the last groups of trainees considered for redeployment.

3. Foundation

- Foundation trainees can be redeployed but must be discussed with regional Foundation APGD
- Preference for redeployment
    - FYs where they are supernumerary – i.e. no contribution to OOH rota
    - FYs in specialties where elective work is cancelled (ward closed) and workload dramatically reduced
    - FY2s in Mental Health, provided sufficient core or higher mental health trainees to manage the in-patient work

- Trainees with ARCP outcome 10.2 - bespoke arrangements to be agreed by DME and APGD foundation
- Specialised Foundation trainees to be treated as per proposals for doctors in training who are OOPR (protected if their research can continue) unless project work or academic activity cannot be pursued because of COVID or they volunteer to be redeployed.

4. GP

- GPSTs in community placements – leave in community
- Don't relocate GPSTs from hospital posts unless appropriate supervision is in place.
- GPST1s & 3s remain in GP

5. Medicine

- Given the specific needs of IMTs – redeployment of IMTs is particularly undesirable. Higher trainees especially in Group 1 specialties would be more appropriate to redeploy than IMTs, in general.
- Aim through redeployment – to seek out, identify training opportunities to maximise the realisation of training benefit.

6. Mental Health

- With the increasing number of MH referrals (COVID related), these trainees should not be moved out of their specialty

7. Obstetrics & Gynaecology + Paediatrics

- In the event that elective gynaecology services are reduced there may be capacity for limited redeployment of gynaecology trainees.

8. Surgery

- Surgical trainees have been badly impacted in training terms, particularly in lack of access to elective operating theatre lists and operating.
- Many redeployed surgical trainees in eaarlier waves of the pandemic felt under-utilised in their redeployed roles.
- All elective operating opportunities should be used to allow surgical trainees to continue to develop their operative skills. This may require surgical trainees being allocated to work in non-NHS facilities. Guidance about this has already been issued by NES.

Appendix B: Spreadsheet to be completed on behalf of DMEs and to be shared weekly with Deanery TPM to report which doctors in training have been redeployed to where and when

Doctors in Training CoVID-19 Redeployment register				Greater Glasgow & Clyde								
											Deanery Use only	
Date	Name of Doctor (Surname, Gi	GMC Numb	Grade	Programme	Current post specialty	Current post location (site)	Redeployed post special	Redeployed post location (site)	Start date of redeployment (dd/mm/yy)	End date of redeployment (when known)	Notes	Date Updated on Turas	Administrator

Appendix C: Form to be completed by all doctors in training who are currently OOPR and who are in scope for redeployment

Form to be sent to LDD and to Deanery TPM administrator for their training programme:

Redeployment of Doctors in Training Returning to Service from OOPR

Part A

Thank you for being willing to suspend your out of programme and return to provision of frontline services to help the NHS manage the response to COVID-19 and to support your colleagues.

Please complete the form below to advise the Deanery of your availability to return to the service. The Deanery will record your details and liaise with the Director of Medical Education (DME) in your preferred Health Board to arrange your return. Forms should be sent to your Lead Dean Director (LDD) and training programme administrator. Contact details can be found below:

Administrator details located here

Lead Dean details located here

DME details located here

Please retain this form and when you are ready to resume your OOP complete Part B.

Even if you have already made your own arrangements to return to service directly with a Health Board it is still important that you return this form the Deanery to allow appropriate recording of your activity and to facilitate any necessary payroll updates.

Name	
GMC number	
Training Programme	
Name of TPD	
Training Region	
Home address	
Mobile phone number	
Institution where undertaking OOPR	
When started OOPR	
Name of research supervisor	

Has funding body agreed to interruption of OOPR?	
During your OOPR do you currently also hold an honorary contract with a Health Board to undertake clinical work? If yes, with which Health Board?	
Following discussion with your research supervisor, taking into account the feasibility of continuing with your research during COVID surges, in terms of potential for redeployment to support service is there agreement that you would be available for the first wave of redeployment to service (A), second wave (B) or final wave (as required and as a last resort)(C)	
Email address of finance department contact in the institution where you are undertaking your OOPR	
From when available for redeployment to service?	
Expected duration of return to service (estimated minimum)?	
Which Health Board would you prefer to work in during your redeployment to service?	
Section for Deanery Administrative purposes	
LDD notified	
TPD notified	
Training manager notified	
DME notified	
Turas updated	

Retuning to Out of Programme

Part B

When you are ready to resume your OOP activity please complete the details below and send the updated form to your training programme administrator, Lead Dean and DME as soon as possible. In most cases the expectation is that your return will be at the end of the expected duration you have outlined in part A. If this is the case, then you are not required to provide any additional notice of your resumption of OOP activity.

If you wish to resume your OOP earlier or later than originally planned, please refer to the guidance notes which can be found here (upload guidance notes to website and insert hyperlink). If returning early to your OOP then you will be required to provide notice as outlined in this guidance document.

Please be aware that it is important you follow these steps to ensure appropriate recording of the work you are undertaking and allow payroll to be updated in a timely manner. Agreement with local departments alone is not sufficient to facilitate this.

Resumption of OOP	
Date you will return to OOP	
Please confirm that facilities are available to support return to OOP (i.e. labs, Universities open)	
Please confirm the date that this period of research/ experience/ training etc. is expected to end	
Please confirm that funding agreed to support this OOP remains in place for the anticipated duration	

For Deanery Use:	Date Updated:
Confirm DME had been informed	
Turas Updated & Form saved in trainee file	
Medical Staffing Advised	

Appendix D: Form to be completed by any doctor in training who is currently working LTFT, and who, to support service during COVID, is seeking to temporarily increase their hours of work.

The form for trainees to increase their hours temporarily is an online form and can be found here: https://www.scotlanddeanery.nhs.scot/covid-19/returning-to-service-from-oop-screds-or-ltft-training-to-help-support-the-covid-19-response/ltft-trainees/.