

COVID-19 displaced trainees

HEE East of England Guidance, December 2020

Updated HEE national and local guidance for managing postgraduate medical trainees whose clinical activity has been displaced by COVID-19 (previous guidance on shielding trainees)

National Guidance

What is new

This guidance updates the guidance published in July 2020 and takes into the account the following:

- A number of trainees will be displaced from their normal clinical activity who do not fall into the clinically vulnerable (CV) or clinically extremely vulnerable (CEV) group.
- The second surge of COVID will prolong the time many trainees will need to shield for.
- The prolonged nature of the pandemic has had a significant impact on a number of trainees who are now considering future career options.
- Changes have been made to the section on pregnancy.
- This updated guidance also incorporates key messages from the 'Support for Shielding Trainees' document produced by the shielding trainees group and the SuppoRTT program.

Background

Shielding is a measure to protect people who are deemed to be at high risk from Coronavirus encountering it, by minimising interactions between them and others.

The government advises those who are clinically extremely vulnerable (CEV) to shield, which means staying at home as much as possible and keeping outside visits to a minimum. These include, for example, recipients of solid organ transplants, people receiving radical radiotherapy, chemotherapy or immunotherapy for cancer, people with severe respiratory conditions such as cystic fibrosis and women with significant heart disease who are pregnant.

A full list of indications for classification of CEV individuals can be found on the government website

<https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-COVID-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-COVID-19#who-this-guidance-is-for>

Further advice regarding vulnerability is due to be published based on work by the **University of Oxford** www.phc.ox.ac.uk/COVID-risk-prediction in which age is the biggest determinant.

Clinically vulnerable (CV) people are at increased risk due to coronavirus but are not covered by the government advice to shield for CEV individuals. Nevertheless, these individuals are at increased risk in the clinical environment and, following an occupational health assessment, may not be able to continue in their usual clinical roles. CV groups would include some BAME individuals, pregnant women (especially beyond 28 weeks), and staff who have health issues that fall outside the CEV group such as, diabetes and obesity.

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Other trainees will also have been **displaced** from normal clinical activity. This would include, for example, trainees that rely on lip reading to communicate or trainees who live with CEV people, for whom the risk of contact with COVID outweighs any risk to their training. The term shielding does not cover these trainees, yet the consequences of the pandemic are similar. HEE should use the umbrella term **COVID-displaced** to cover all trainees who are unable to continue their normal clinical work due to the pandemic.

COVID-displaced trainees are not classed as on sick leave and may still be able to undertake work and gain competencies.

The employer, usually the NHS, is required to support all staff to enable them to stay well and to continue to contribute to work where reasonable adjustments can be made to accommodate them. Trainees who are clinically or highly clinically vulnerable may choose not to shield but they must be aware of any risks they take in doing so. Where it is not possible for a shielded NHS employee to work safely their employer will need to “exercise discretion and use the flexibilities available to support staff during the pandemic.

Frequently Asked Questions written by Hill Dickinson for NHS employers

<https://www.hilldickinson.com/insights/articles/podcast-COVID-19-%E2%80%93-advice-nhs-employers>

Challenges

In approaching these challenges, the interested stakeholders have the following responsibilities

- COVID-displaced trainees to maintain engagement with their training programme, need financial stability through continuity of service and employment and need access to appropriate advice and support to guide them through the pandemic.
- Their employer supported by their occupational health to respond reasonably and fairly to their employee's need.
- Their Postgraduate Dean and Responsible Officer (or nominated deputy i.e., Head of School (HoS) / Training Programme Director (TPD)) with responsibilities to ensuring access to quality managed training opportunities in line with curriculum requirements and to provide oversight that any reasonable necessary support is available.
- The HEE local office in providing support to trainees who will be isolated and anxious both about their own health and the training and other implications of shielding. This may involve mental health support.
- The wider education network involved in supporting and quality managing their training including Director of Medical Education (DME) and clinical (CS) / educational supervisors (ES). ES will play a critical part in determine with the trainee the impact of shielding on their training.

Recommendations

HEE needs to develop a robust policy to support trainees who are COVID-displaced and address the issues detailed above. This policy must cover the needs of those that remain displaced, those that are returning to work (some of whom may be placed at some future point) and those whose feel uncomfortable about returning to their original role.

It is currently uncertain how these trainees will be affected when the current shielding period comes to an end. Some trainees may still feel uncertain about returning to their previous clinical environment. They may be early on in their programs or at critical transition points and any policy must reflect these issues.

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Employment Issues

There are a number of employment challenges, that are beyond the scope of HEE, but that are necessarily causing concern to trainees. HEE have worked together with NHS employers and have agreed to following recommendations:

Trainees can remain within a program for up to two years before the Postgraduate Dean is required to assess whether they should retain their certificate of completion of training (CCT). During this period, they should remain in employment, with their placement managed as described above.

Trainees who are displaced will still be entitled to a period of grace. We are awaiting guidance from NHS employers on their status once the period of grace comes to an end.

Many trainees are reporting a lack of information regarding return to work and implications with regard to issues such as death in service. Advice to employees is not within the remit of NHS employers and HEE should work with the British Medical Association (BMA) to ensure that this advice is available on a single website and that trainees are signposted to it.

HEE should work with the Royal Colleges and regulatory authorities, as well as the other four nations, to determine the possible transfer of curricular competencies for those displaced trainees who change specialty. The gap analysis tool, being developed by the Academy of Royal Colleges, would be the most effective way of documenting these competencies.

It is possible that some trainees may finish their training program and no longer be able to work. This will be the same for other professional groups and work needs to be done to determine the support the NHS can give to these individuals.

The NHS Employers website does contain some information

<https://www.nhsemployers.org/COVID19/health-safety-and-wellbeing/supporting-our-most-vulnerable-people>

Pregnancy

In the early stages of the pandemic there was concern that pregnant women were more vulnerable to SARS-CoV-2. At the time, pregnant women over 28 weeks pregnant were advised to work from home or stop attending the workplace. This advice has now been archived as studies now suggest that pregnant women do not appear more likely to contract the infection than the general population and most pregnant women who are infected with SARS-CoV-2 will experience only mild or moderate cold/flu-like symptoms. Severe illness appears to be more common in later pregnancy. In the UK Obstetric Surveillance System study, most women were hospitalised in their third trimester or peripartum. Intensive care admission may be more common in pregnant women with COVID-19 than in non-pregnant women of the same age, but this is based on data from a relatively poor quality study and should be interpreted with caution. There is no good quality evidence comparing the risk of severe COVID-19 infection in pregnant women and non-pregnant women of the same age.

Risk factors for being affected and admitted to hospital in pregnancy are the same as those in the general population i.e. Black, Asian and Minority Ethnic (BAME), raised body mass index (BMI), co-morbidities, increased age, deprivation. In addition to these, the risk of becoming infected with

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COVID-19 is more common in individuals who are more exposed by, for example, working in healthcare or other public facing occupations.

The Royal College of Obstetricians and Gynaecologists, the Royal College of Midwives and the Faculty of Occupational Medicine have offered the following advice



Our clinical advice is that social distancing is particularly important for all pregnant women who are 28 weeks and beyond, in order to lessen their risk of contracting the virus. For women with other medical conditions in addition to pregnancy, this should be considered on an individual basis.

This clinical advice must be considered by your employer as part of your workplace risk assessment. The remaining factors involved in reaching a decision about your safety at work must be evaluated in an individualised risk assessment, conducted by your employer, that is individual to you and your employment setting. Employers are guided on this by sector-specific advice published on the UK government Working safely during Coronavirus (COVID-19) and NHS Employers websites.

Proposed East of England guidance

Trainees currently displaced

Documentation

We must ensure that a robust log is kept of all displaced trainees, with the reasons for displacement. This information will be collated nationally to determine whether any adjustments could be made for specific groups of displaced trainees. All COVID displaced trainees need to complete this form

Educational Reviews

All TPDs must ensure that displaced trainees have regular reviews with their ES, with support from their college tutor and/or TPD. These should be documented in their portfolio (and cover circumstances, support needs and training/employment options). A personal development plan (PDP) must be agreed between the trainee and ES that reflects the clinical and non-clinical training opportunities available.

Acquiring competencies

Displaced trainees should be able to acquire competencies through non-clinical work such as quality improvement projects, educational projects and leadership and management work. Higher trainees may be able to gain clinical competencies through virtual clinics, remote imaging reporting, remote reporting of physiological tests etc. Many of these skills will be particularly appropriate as these become a standard part of clinical practice. This will require access to relevant equipment and IT systems. ES, CS, college tutors and TPD should ensure that the trainee is able to fully take up the opportunities of virtual work.

Supervision

If doing clinical work remotely, trainees need adequate supervision. Displaced trainees currently report that the quality of clinical supervision is very variable, and the trainee's ES needs to be confident that this is robust.

Displaced trainees also report variability in educational supervision. Some have had excellent supervision but some report feeling uncomfortable approaching ESs remotely being concerned that they are busy clinically and should not be disturbed. There is a feeling of 'out of sight, out of mind'. This natural response needs to be acknowledged and ES and schools will need to be more proactive in engaging with displaced trainees. We suggest that displaced trainees have fortnightly meetings with their ES whilst away from the clinical workplace. Any concerns from either party should be escalated initially to the college tutor (or to the Foundation TPD for Foundation Trainees) and then to the TPD/HoS if required.

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Trainees remain on training programs so will be subject to an ARCP. The 'no fault' COVID 10.1 and 10.2 outcomes are likely to be appropriate for many displaced trainees, though some may gain other outcomes. It is unclear how long these COVID outcomes will continue to be used.

Wellbeing and Support

Having to stay away from the clinical environment is very isolating and, in conjunction with the distress caused by interruption in the training, may lead to significant wellbeing problems. The Professional Support and Wellbeing (PSW) service is accepting self-referral as well as educator referral.

HEE EoE Professional Support and Wellbeing (PSW) Website
<https://heeo.e.hee.nhs.uk/psw/east-england-professional-support-and-well-being-service>

A small number of displaced trainees may not be able to work face to face for longer than a few months (for example those on long term immunomodulatory treatment or with conditions such as cystic fibrosis). It is important that these trainees are escalated to the TPD or HoS so a discussion can be held to agree how their training can be moved forward. This plan should be regularly reviewed. They may also find the PSW confidential carers advice find very useful. Plans will need to be in place to ensure that trainees can return to program once they are no longer displaced and resume normal clinical activity. The decision as to whether these trainees are 'put on pause' and return to their previous post or enter what would have been their next post is a complex one that will be managed by the TPD.

Shielding trainees advisory group (S-STAG)

https://www.rcem.ac.uk/docs/Trainin g/S-STAG_Resource_list.pdf

As well as support from PSW trainees should be made aware of the support available through the shielding trainees advisory group S-STAG who can advise on current resources and other peer support, for example, through social media.

Rotations

Consideration will need to be given to trainees who are due to rotate whilst displaced. Changing work environments whilst displaced can be difficult, leading to problems with induction and familiarity with a new work environment whilst working virtually. Most trainees are likely to be best served by remaining within their current posts, though exceptionally a trainee may benefit from by moving to another post. This should be dealt with by the TPD on a case-by-case basis and in consultation with the employer, with consideration given both to the experience the trainee is currently getting whilst training, the opportunities offered by the new post and the potential effect on other trainees of a post no longer being available to them. Some trainees may require a period of supernumerary funding and this needs to be discussed with their TPD and HEE.

Planning a return to clinical work

Trainees should meet with their ES and/or College Tutor (or TPD) as soon as they have a return to work date. This should be and prior to their start date and is likely to be virtual. Topics should include:

- A check -in of wellbeing matters.
- A review, and if appropriate, sign off, of competencies gained whilst displaced.
- An assessment of immediate return to clinical training needs including need for formal return to training program.
- Occupational Health advice should be sought about whether any adjustments, including a phased return, are required. The SupportTT program can be accessed by any displaced trainee
- A discussion of how missed competencies can be gained during the rest of the placement/ training program (see below)

HEE EoE SupportTT website
<https://heeo.e.hee.nhs.uk/psw/supported-return-training>

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Following this meeting the ES and trainee are likely to be able to assess whether there is a likelihood that training will need to be extended. This needs discussion with the TPD and/or HoS.

Gaining missed competencies

For displaced trainees towards the beginning of their training programs it would be reasonable to assume that competencies could be made up in their time remaining. Foundation may be complex and discussion with the Foundation School will be required.

For trainees nearing critical progression points catching up on clinical competencies may be difficult and it is important that we mitigate the impact of this. This will be made more difficult by likely capacity problems within programs but possible options for consideration would be:

- Extending training by a period up to the number of months they were displaced.
- Considering dual-site working, for example being based at one site but undertaking procedures at another.
- Out of Programme Training (OOPT). This would be more complex to arrange but would potentially benefit all trainees who have missed competencies due to COVID. Most OOPT in these circumstances is likely to occur in training sites already recognised by the General Medical Council (GMC), avoiding the need for GMC approval.
- Encouraging use of Out of Programme Pause (OOPP) (but this both carries a risk that competencies are only assessed on return and the trainee may not have time on return to demonstrate these). Any OOPP should only be taken after the trainee has been back in the program for three months to allow re-familiarisation with their specialty in a training program. This time will also allow the ES and trainee to discuss whether they are at a stage where working outside a formal training program will be beneficial.
- Prioritising these trainees in the training program

Additional guidance for pregnant trainees who were COVID displaced and their return to work

Many pregnant trainees will have been off work for longer than they originally planned and may have experienced high levels of concern and difficult decisions regarding leaving clinical work early which can have significant psychological and wellbeing effects. These trainees may need additional support (over and above that usually given following parental leave) and this must be recognized in their return to work process. College Tutors and TPD should be specifically alerted to these issues and seek support from the lead educator.

Trainees who have been unable to attend the workplace due to pregnancy should not be made to feel under any pressure (perceived or otherwise) to shorten the period of their parental leave to compensate for the time they were out of the clinical environment whilst pregnant. They should be strongly encouraged to use supported return to training (SuppoRTT).

HEE EoE SuppoRTT website
<https://heeo.ee.nhs.uk/psw/supported-return-training>

Career decisions

Many trainees will face uncertainty about current career choices. It is important to give trainees the space to discuss these uncertainties without seeming to apply any pressure to make premature decisions.

Any trainee who wishes to explore a career change should be supported in doing so and it should be made clear that taking this action does not prejudice their future in their current specialty. The PSW has access to specialised careers support which any trainee can self-refer for.