

# Supporting winter pressures safely through managed education and training programmes



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## Introduction

Health Education England recognises the increasing urgent care demands during the winter months commonly termed ‘winter pressures’. There is now a predictable state of increased urgent and emergency care demand between December and March each year.



Winter pressures affect every part of the healthcare system; HEE has been working collaboratively with NHSI and the Royal Colleges to determine how trainees could support their Trusts in safely addressing the increased acute workload, whilst mitigating against any adverse effects on training.

HEE values the contribution of trainee doctors in supporting the healthcare service to continue to meet demands over the winter period. Trainee doctors are inherently altruistic, aware of the pressure the NHS is under and want to help support their colleagues and keep patients safe. One of the ways trainees may support the service during winter is to provide cross cover to a department which is experiencing a higher than normal level of service pressure. Redeployment of this nature must be carefully planned in advance of this being required and must only take place in exceptional circumstances.

HEE recognises that the redeployment of trainees during winter only forms part of the approach to this ongoing issue and should never be seen as the preferred solution to the problem of winter pressures. Health care providers should look at how the wider NHS workforce (including advanced practice, physician associates, phlebotomy and administrative support) can be utilised to provide additional solutions. Trainee doctors should not be deployed away from their training programmes where work can be appropriately carried out by other professional groups.

HEE encourages Local Education Providers (LEPs) to consider how to incentivise and reward trainees who contribute to the safe care of patients during the winter months. Examples may include granting extra days of annual leave at a later date, or providing free meals on site at times of extreme workload. In addition, LEPs are reminded that trainee doctor morale and mental wellbeing is at risk at times of increased service pressure; the routine cancellation of training activities or restriction of study leave will only add to the stress felt by trainees.

The following guidance has been produced for trainees, trainers, Local Education Providers (LEPs), Directors of Medical Education (DMEs) and Postgraduate Deans (PGDs).

# 1.0 Movement of trainees to provide cross-cover

Local Education Providers (LEPs) provide the necessary environment for General Medical Council (GMC) approved training placements for postgraduate medical trainees. HEE is mandated by the GMC to quality manage the training environment of doctors working in these approved placements.

HEE recognises that service demands are, at times, unpredictable and as a consequence, trainees may be required to alter their normal duties to maintain a safe patient environment. In exceptional circumstances, doctors in training may be called upon to provide care outside of their usual training programme or placement.

Health Education England's Deans have provided guidance that enables the movement of trainees under emergency (OPEL 4) situations to safeguard patient care and support the throughput of patients in an acute setting. This safeguards trainees and minimises any loss of education and training.

We know many trainees will be keen to respond to emergency scenarios appropriately given their commitment as professionals. However, these periods of diversion must only occur exceptionally and with the prior agreement of the PGD. **It is important that all parties understand that these circumstances are exceptional** and that diversion of trainees from their training and usual professional responsibilities does not become normalised.

Any LEP which is requiring its trainees to undertake different work patterns due to winter pressures is at risk of not providing a suitable training environment. LEPs will be flagged for review by the CQC with regard to this.

HEE considers that there are three main groups of trainees for whom the practicalities of cross covering between departments would be different.

## 1.1 Foundation Trainees

As the most junior team members, these doctors may be only a matter of months into their first clinical job when they are expected to deal with winter pressures for the first time. The adjustment between final year of medical school and working as a foundation doctor is significant; doctors in this position are vulnerable and any sudden changes in their working circumstances need to be very carefully managed.

If cross-cover is required, foundation trainees must only be moved to **an area in which they have previously worked, within their current hospital**. This ensures that they will be familiar with local policies and procedures and able to access and use local IT systems effectively.

Foundation trainees working in an area they have been temporarily seconded to must have direct, constant clinical workplace supervision, from a named supervisor in the seconded speciality.

## 1.2 Core specialty trainees

Core specialty trainees have generic clinical skills as well as more specialist skills that they are developing towards their chosen specialty. These trainees are capable of working in environments other than that of their chosen specialty – for example, a core anaesthetic trainee

has the competencies needed to work in the emergency department at core emergency trainee level, if provided with appropriate supervision.

If core trainees are required to cross cover, then they should not be asked to 'act down', but their workplace supervisor must determine what their competencies are in the area they are seconded to, and must expect that they may need a higher level of senior input than an equivalent level trainee who is training in that specialty.

### 1.3 Higher Speciality trainees

Higher speciality trainees have many years' experience in their chosen specialty and it may be some time since they have managed the acute 'undifferentiated' patient. Higher specialty trainees should not be used to support the acute medical take or emergency department (unless their individual competencies define them as suitable to assist in this area), but they can still contribute to winter pressures strategies.

An appropriate way in which higher specialist trainees could provide support would be to make themselves available within the emergency department to junior trainees for immediate specialist consultations regarding patient management (for example an orthopaedic registrar review), without the junior trainee needing to speak to an emergency medicine registrar first.

Junior trainees in hospitals that have trialled this report that they value the learning experience of seeing an acute patient together with a senior trainee from a specialty.

Other ways higher trainees could contribute would be if an elective surgical list is cancelled, to assist a colleague in clinic.

### 1.4 Trainee doctors providing cross cover: general principles

- The option of using other professional groups and trained doctors in the area requesting additional trainee doctor cover should be fully explored and exhausted before trainees are asked to work outside of their usual training programme
- Movement of trainees to provide cross cover as described in this document can only be initiated by LEPs within the restricted time period of winter pressures, i.e. from 1<sup>st</sup> December to 31<sup>st</sup> March. **Movement of any trainee must not exceed a total of two weeks during the winter period**
- The movement of any trainee must be approved by the Postgraduate Dean (PGD) and have been agreed by the Director of Medical Education (DME) in the Local Education Provider (LEP) before any placement change occurs. This must not come as a surprise to the trainee and any concerns they may have must be discussed between the DME and PGD and reassurance given or the decision to move the trainee declined. Trainees must not be moved before permission is granted by the PGD. The Guardian of Safe Working must also be notified
- The LEP must contact the PGD at every 2 working day interval from the start of the period of diversion to provide an update and seek permission for cover arrangements to continue, if required.
- LEPs must inform trainees **in induction** that it is possible that they may be asked to move for a short period of cover over winter. The LEP must explain what safeguards and supervision will be put in place if trainees are moved

- Trainees must only be moved to a geographical site and department in which they have previously worked
- Trainees who are moved to provide cross cover must not be coerced to work hours outside of those stated on their original rota (i.e. cannot be moved from a day shift to a night shift without the express agreement of the trainee, at least 24 hours in advance of the beginning of the shift)
- Any LEP that is requiring trainees to work in an unfamiliar environment due to winter pressures must report to the PGD with the following information as a minimum: number of trainees affected, their grades, the length of time they were working outside their usual training environment and which department they had been seconded to. A report from each Deanery at the end of the winter pressures period will be sought as a method of monitoring the extent of winter cross cover, and the effects on trainees.

LEPs will be flagged to the CQC for review of facilities, training provision and employment practices.

- The LEP is responsible for providing a robust induction to the new area the trainee is required to work in. This must be undertaken by a senior doctor familiar with the new area of practice.
- There must be a named, immediately contactable workplace supervisor for all trainees working outside of their usual clinical environment or caring for patients from outside their usual discipline. Trainees must be informed each day of who is their workplace supervisor providing senior supervision and how to contact them
- The workplace supervisor must have sufficient time to provide this supervision, as well as to meet educational requests for undertaking WPBAs as required for the curriculum
- Only trainees who are progressing in a satisfactory way and identified as likely to have a satisfactory end of placement report should be considered for a placement move. The Educational Supervisor has overarching responsibility for a trainee's progress in training and must be informed in advance of a trainee potentially moving placement
- Trainees must not be asked to undertake any activity beyond their level of competence and must be advised they should seek senior workplace guidance if that arises. Trainees must be empowered to decline work that is outside of their competency
- The LEP must advise trainees to contact their medical defence organisation to inform them that they are undertaking work in a new environment
- Less than full time (LTFT) trainees must not be coerced into shifts beyond their LTFT hours if they do not expressly offer this time.

## **1.5 Additional Principles - applicable to foundation trainees**

- The movement of any Foundation Trainee must be approved by the Foundation School Director (FSD) and have been agreed by the Director of Medical Education (DME) in the

LEP before any placement change occurs. The DME must also ensure their Foundation Programme Director is aware

- Foundation Trainees can only be asked to cover in a department that they have previously worked in, in the hospital that they are currently working (for example, a trainee who has worked in Acute Medicine in Hospital A who is now on a surgical rotation can be moved back to work in Acute Medicine in Hospital A. They cannot be moved to Acute Medicine in Hospital B)
- Foundation trainees working in an unfamiliar area must have express, direct and constant supervision by a named clinical supervisor.

## 1.6 Additional Principles - applicable to GP Trainees

HEE recognises that winter pressure affects all parts of the healthcare system and primary care is no exception. For that reason, movement of GP trainees out of primary care settings to support patient care in secondary care settings is not endorsed by HEE.

However, GP trainees who are placed on rotation in secondary care during the winter months may be asked to provide cross cover. If this is required, all principles in section 1 (**Trainee doctors providing cross cover: General Principles**) must be adhered to.

- GP specialty trainees may provide support to Acute Trust front line services under “winter pressures” through providing support in the form of additional hours during the two-week period that the “winter pressures” protocol is being applied. They should not be required to transfer from GP placements or their secondary care placements. Such additional work should attract appropriate remuneration.
- When GP trainees are contemplating undertaking additional hours they are required to discuss this with their Host Organisation and their Lead Employer. GP Trainees may wish to consider discussing this with their Educational Supervisor if not directly placed in their practice. This may be a high level ‘in principle discussion’ and there is no need to approve each individual session, however trainees must record additional work on their Form R.
- GP trainees can only undertake additional “winter pressure” hours in hospital specialties and departments in which they have previously worked
- GP trainees should work at a level commensurate with their grade and within their competencies as a GP trainee. They should not be asked to “act down” or “act up”
- GP trainees doing additional “winter pressure” shifts will need appropriate induction to the shift. They must have a named clinical supervisor for the duration of the shift
- Additional “winter pressure” shifts undertaken in secondary care will not contribute to “GP Out of Hours” training for GP trainees. Where GP trainees are undertaking additional “winter pressure” shifts in secondary care these will not exempt trainees from gaining requisite experience in GP OOH settings.

## 2.0 Teaching and Training

Routine cancellation of teaching sessions due to winter pressures is not acceptable; education activity is funded through tariff so there is an obligation for LEPs to deliver it. Cancellation of teaching negatively impacts on trainees' morale as it sends the message that their education is at a lower priority than service delivery, and removes a valued opportunity for them to congregate and engage in informal peer-to-peer debrief.

HEE advocates that LEPs should make every effort to maintain a regular teaching schedule during winter months. The NHS is a busy environment in which to work and train; incorporating teaching into the working day is a mark of quality that the CQC actively seek.

If cancellations during winter months are unavoidable, it would be ideal to be 'ahead of schedule' or 'front load' teaching sessions before the peak of winter pressures and also plan ahead to block slots for any catch up needed.

If a session is cancelled due to service pressure, the released consultant and trainees should be reassigned in a way that most effectively maintains a different educational approach. For example, if supporting the medical take a number of formal workplace based assessments (WPBA) could be integrated into the extra service activity.

Any teaching session cancelled due to service pressure must be reported by the LEP to the Postgraduate Dean.

Maintaining procedure training, especially for skills that require elective patients such as core surgery, is especially challenging. This requires advanced planning with extra dedicated lists at times of lower service pressure. Please refer to section 3 of this document for further guidance on this issue.

## 3.0 Specific Issues for surgical trainees

In some Trusts, the private sector takes a role in delivering NHS care – elective surgery is one particular activity that may be delivered this way during winter months. When that is the case, the training opportunities that these cases represent need to be considered.

The general principles (defined by the Joint Committee on Surgical Training) are as follows if trainees are to be trained in the private sector:

- Indemnity must be in place (a working group led by Professor Jane Mamelok is currently reviewing this)
- GMC training standards must apply
- The training programme must include the private facility and the facility itself must be GMC approved for training
- Trainers must be recognised by the GMC
- Training to be delivered should be agreed in advance
- Requests for emergency care must be responded to until the relevant staff can attend
- The trainee must work in accordance with their curriculum and stage of training, participating in Workplace Based Assessment, logbook completion and all other relevant practices
- Training in private sector facilities should be planned such that it does not increase stresses within NHS provision.

Full guidance on surgical trainees working in the private sector has been produced by the Joint Committee on Surgical Training (JCST) and is available at [https://www.jcst.org/-/media/files/jcst/key-documents/jcst-principles-for-training-in-the-private-sector\\_nov2018.pdf](https://www.jcst.org/-/media/files/jcst/key-documents/jcst-principles-for-training-in-the-private-sector_nov2018.pdf)

HEE is aware that exceptionally the burden of service pressures in the winter may mean that surgical trainees have less exposure to planned elective surgery and this may impact on curriculum requirements in terms of numbers of procedures. These trainees should not be disadvantaged in terms of their career progression; there is provision in the Gold Guide for PG Dean discretion to be exercised to allow an extension to training in a “no fault manner” (Gold guide 4.72 clause IX)

Surgical trainees must keep logs of cancelled sessions as evidence to produce at ARCP, and all efforts must be made for required numbers of procedures to be caught up at less pressured times of the year.