

Sent by email

16 March 2020

Dear colleague,

Supporting the COVID-19 response: Plans for Management of Medical Training Rotations

As the COVID-19 pandemic progresses within the UK, NHS service providers are developing workforce plans to manage anticipated workload pressures. Postgraduate medical trainees provide a significant contribution to service and are an essential part of these plans.

Postgraduate training has developed to allow doctors to experience different learning environments, gaining a range of competencies and skills in order to deliver safe and excellent care. This is achieved through regular rotation of placements. The next planned rotation of postgraduate medical trainees is due to take place on 1 April and would involve in excess of 20,000 doctors across the UK, at a time when the NHS will be facing an increasing burden due to COVID-19.

It has therefore been decided that all planned rotations due to take place during the “delay phase” of COVID-19 will cease, with trainees being asked to stay in their present working environment, unless local arrangements allow otherwise, or wider clinical circumstances require it. Rotations may only occur where departmental inductions, appropriate supervision and support can be guaranteed.

Moving to a new attachment allows trainees to experience new opportunities and learning. However, with this comes the need for induction, more intensive supervision and training, integration into new teams and learning how unfamiliar IT or care systems operate. Retaining trainees within their current placements would enable them to build on the skills they have developed at a time when there is likely to be significant requirement for all of the workforce to use all their professional capabilities.

There are two potential exceptions to this general approach. First, as we indicated in our position statement published last week, we expect that there will be a demand for some trainees to be redeployed to areas of significant clinical need. Secondly, in any areas and specialties where rotation at this time is possible without creating issues, this will be clarified after discussions between local employers, postgraduate schools (or equivalent) and Local Postgraduate Deans.

Foundation programmes are designed to offer experience to attain broad general capabilities, so changes in placements should not prevent trainees from completing their curriculum. Training in higher specialty rotations, particularly where skills may be acquired through elective activity, are more likely to be affected. The 4 UK Statutory Education Bodies (HEE, NES, HEIW and NIMDTA), the Medical Royal Colleges and the General Medical Council are working together to minimise the impact of any delayed attainment of capabilities due to current circumstances, and will ensure that these circumstances are taken into consideration in ARCP and recruitment and selection processes. We will also work with NHS service providers to ensure education and training requirements are delivered after this difficult period.

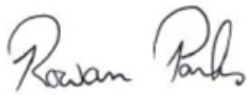
The health, safety and wellbeing of trainees remains a priority for the Statutory Education Bodies and all NHS Healthcare providers. We acknowledge that for many this decision will present challenges, but believe it is in the best interests of patients and the general population during this coronavirus pandemic.



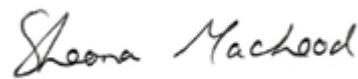
Professor Pushpinder Mangat
Medical Director
Health Education and Improvement Wales
(HEIW)



Professor Keith Gardiner
Chief Executive/Postgraduate Dean
Northern Ireland Medical & Dental
Training Agency



Professor Rowan Parks
Acting Medical Director
NHS Education for Scotland



Professor Sheona MacLeod, Deputy
Medical Director for Education Reform
Health Education England



Professor Colin Melville
Medical Director and Director, Education
And Standards, General Medical Council