

Supporting the NHS during resurge phases of COVID-19 and the ongoing pandemic: managing the training workforce



Guidance updated June 2021

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1. Introduction

- 1.1 HEE issued guidance in September and updated in November 2020 setting out the operational activity and management of students and trainees during the 20/21 academic year in anticipation of disruptions to the normal education and training environment due to the pandemic and winter pressures.
- 1.2 The guidance set out the role of HEE's national and regional teams in supporting the training workforce through national or regional pandemic lockdowns, specifically the management of decisions on deployment, examination, rotations, assessment and progression. The guidance also provided an overview of national legislation, regulation and policy decisions which may affect the training workforce.
- 1.3 Much of what was contained in the guidance issued in November is reflective of the time of publication – recovery from the first wave of the pandemic and preparing for a second wave and winter pressures. Whilst some of the guidance remains current, for example, the commitments on supporting health and wellbeing of learners and educators, other sections need to be updated. In particular, the process for redeploying learners should now only be enacted in exceptional circumstances. This is because many learners' education and training has already been disrupted and maintaining the training pipeline is a priority.
- 1.4 HEE, Government Departments, healthcare regulators, employers and a range of education and training organisations and other partners adapted learning and training in response to the pandemic. Maintaining flexibility to adapt education and training and support for service delivery, whilst protecting the registrant pipeline, is a priority for HEE and partners.
- 1.5 COVID-19 continues to impact the education and training of many of our healthcare students and trainees. The system has become responsive to the pandemic and can now deploy a range of measures according to local, regional and national circumstances. This geographical flexibility is important as we progress to recovery of the training pipeline and address the elective backlog.
- 1.6 The NHS is likely to continue to be impacted by the pandemic such as localised or national surges and upsurges in seasonal flu and RSV infections in a population that has been shielded from seasonal infections during the lockdowns. We recognise the important role our trainees have played in supporting the frontline during the pandemic. However, given the significant disruption to education and training of our future workforce, HEE's priority is to retain learners on programme.
- 1.7 This guidance provides a summary update of the earlier guidance, signposting to relevant websites where relevant. HEE's core principles have been updated below.

2. Principles For Managing a Recurrence of the Pandemic

- 2.1 HEE recognises the pandemic will continue to impact the training pipeline of our future NHS staff for some time. There will be increasing pressure in service delivery from future national/local surges in COVID-19, seasonal illnesses (winter pressures, flu and RSV

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infections), maintaining elective services and dealing with the elective backlog (5m waiting list).

- 2.2 NHS staff and trainees have been adaptable during the pandemic prioritising their efforts to the frontline and saving lives. Consequently, many have had delayed and disrupted learning and there are high levels of staff burnout.
- 2.3 HEE is committed to health and wellbeing of staff and trainees, to maintaining the future workforce pipeline and addressing future surges in capacity requirements at a local or regional basis.

Principles for protecting learning

- 2.4 HEE will work with its partners to ensure trainees and students continue education and training and prioritise the restoration of all pre-registration and postgraduate education and training that has been impacted by the COVID-19 pandemic.
- 2.5 HEE and partners have established protocols to deploy on a local or regional basis for future management of surges. Local and regional demand scenarios are established to support the system to respond with appropriate interventions at transparent trigger points to geographical variations.
- 2.6 HEE and partners will deliver a focused response based on local and regional demand scenarios to protect learners. Decisions must be taken at a local/regional level where surge capacity is dependent on support from learners. Disruption to education or training of the future NHS workforce to meet surge capacity should only be considered in exceptional circumstances.
- 2.7 HEE will continue to provide high quality online and simulated education and training.

Principles for supporting health and wellbeing

- 2.8 Protecting educational and supervisory capacity is a priority. HEE is committed to support clinical and other colleagues who provide training for staff.
- 2.9 HEE is committed to supporting healthcare students' medical trainees' and apprentices' wellbeing as they respond to ongoing challenges to service delivery and the different learning experience.

3. Governance and Operational Responsibilities

National, regional and local response level management

- 3.1 HEE's National COVID Oversight Group (COG) is the established reporting mechanism.
- 3.2 The key principles of governance and reporting are to enable regional collaboration and decision making; to provide real time information to the COG and to ministers; and to facilitate regional and national trend analyses and mitigation planning to minimise disruption to the education supply pipeline.

Regional Response

- 3.3 The Regional Director (RD) is the senior individual to act as the SRO for the COVID-19 response. The RD should ensure regular local communication and a "Silver Command" meeting is convened as appropriate which can be stepped up or down in frequency. The RD's will link with HEE national Gold command to ensure effective national and regional working.
- 3.4 The Postgraduate Deans, regional nursing/AHP/Pharmacy/workforce transformation leads should be involved in the regional workforce cell to plan and manage the workforce response.
- 3.5 The role of Postgraduate Medical Deans and Postgraduate Dental Deans will be critical in managing the interface between undergraduate and foundation training; and the quality management of the learning environment alongside assessment, rotation and progression of specialty trainees to mitigate against disruption of training, clinical teaching and clinical placements.

Local Response

- 3.6 Decisions on redeployment must be based at local office/ICS level with the appropriate level of partnership working with HEIs, ALB regional and national workstreams and the appropriate links out to all areas including primary secondary and social care settings.
- 3.7 There should be agreement of local thresholds where all parties will act to put in place resurge response.
- 3.8 HEE is committed not to redeploy any students from their scheduled clinical placements, apart from extenuating circumstances in the event of a COVID-19 resurge or surges in respiratory infections such as RSV or flu. This is to avoid any further disruption to education, which could risk students being unable to complete the clinical and tuition hours required to achieve professional registration. Any redeployment of postgraduate trainees requires the approval of the postgraduate dean, as the Responsible Officer.

Governance and reporting

- 3.9 HEE established the National COVID-19 Oversight Group (COG) in 2020, to oversee the work of existing groups related to the work and planning of COVID-19 and provide a point

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of coordination with all decisions and communications to be issued by COG. This ensures alignment with the wider system and Government activity in which HEE is involved.

- 3.10 Escalation flow diagrams for non-medical & dental placement management and for medical & dental placement management are set out in Figures 1 & 2, respectively (Annex A). The process flows set out the steps that regional teams should take to monitor scheduled activity prior to and during a potential lockdown, to assess potential impacts and take mitigating action.
- 3.11 Regions will report to the COG at the point that a lockdown impacting the region is announced, providing an initial assessment of placements affected, including numbers and rotation dates. This data will be discussed with the regional director and national team, who will develop proposals, including review and debrief dates.
- 3.12 Any risk to Postgraduate Medical Education (PGME) trainee rotations and deployment will be reported at the HEE Deans regular evening call, and the need for data reporting on the COVID impact then clarified by the Deputy Medical Director. The subsequent frequency of reporting will be determined with the region, considering, the severity of the surge, and both the national and local picture. Any redeployment data will be collected as necessary through the Post Graduate Dean's team.
- 3.13 Regional teams will liaise with HEIs, placement providers and the regional NSE&I team to agree plans for placements and deployment.
- 3.14 This data will be incorporated into proposals – including rotations, re-allocation and impact on training – and signed off by the Regional Director and National team for further reporting to the COG. The template that regions will be using to report to the COG can be accessed here:



20201016 Regional
Office reporting temp

- 3.15 HEE will report to the Medical Schools Council on the impact of local lockdowns and any wider COVID-19 disruption on undergraduate clinical placements. This report will be supported by advice and assurance of the mitigation and management of the impact on student progression. The frequency of reporting will be determined with the region, considering, the severity of the surge, and both the national and local picture.

Communication across the system

- 3.16 HEE will have a clear procedure for communicating changes to national policy and processes affecting the training workforce to regional and local offices. During a resurge, this communication should be daily to support regional and local offices support the local training workforce and stakeholders.
- 3.17 HEE's COVID-19 webpages will be regularly reviewed and updated where required to ensure the publication of timely, accurate and relevant information for learners, educators and placements providers.

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- 3.18 Statements, resources and guidance will be reviewed and signed off by HEE COG and Communications Group, prior to publication on HEE's website. Regional Directors, Postgraduate Deans and Regional Clinical Leads will receive timely notification of new web content as it is published.
- 3.19 There should be a local/regional process for cascade of local and national communications. It is important that the regional governance drives operations, however central governance is required for reporting. This should be supported by national communications.

Healthcare Students

- 3.20 The Department for Education is responsible for providing guidance to providers of higher education on opening buildings and campuses. The most recent guidance was updated May 21 – a link below – confirming all students can return to in-person teaching and learning from 17 May. <https://www.gov.uk/government/publications/higher-education-reopening-buildings-and-campuses/higher-education-coronavirus-covid-19-operational-guidance>
- 3.21 Healthcare students are considered to be essential workers. This means that students should be able to access childcare for school age children during a lockdown and travel to placements.

4. Legislative and Regulatory Changes to Increase the Available Workforce

Changes to professional regulation – temporary and provisional registration to mitigate against staff shortages and disruption to trainee progression

- 4.1 The Coronavirus Act 2020 and the key provisions it enacted on temporary registration allowed HEE to deploy and redeploy the training workforce to support the NHS response to earlier waves of the pandemic.
- 4.2 Some healthcare regulators adopted measures to support temporary and provisional registration:
- NMC, HCPC, GMC, GPhC - operated temporary registers for experienced or suitably qualified professionals to return to practice; and
 - HCPC, GMC, GPhC - offered temporary/provisional registers for students.
- 4.3 Details of the current position are available on the individual regulators' websites (see links in section 7).
- 4.4 HEE's current position is that all healthcare students and postgraduate trainees should continue their education and training and there are no current plans to implement national

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deployment/redeployment measures. This may change if there is a resurge or surge in flu or RSV.

5. Education Management for Students and the Training Workforce

Medicine

5.1 Many elements of undergraduate and postgraduate medical education and training are led by system partners and where relevant this guidance signposts to the relevant websites.

Undergraduate

5.2 Current guidance on undergraduate medical students is available at the medical schools council website [News | Medical Schools Council \(medschools.ac.uk\)](https://www.medschools.ac.uk/news).

Postgraduate Medical Education

Recruitment into Foundation Training

5.3 The UK Foundation Programme Office (UKFPO) has responsibility for the delivery of recruitment to the Foundation Programme and Academic Foundation Programme and curriculum delivery. Detailed timeline and information can be found at <https://foundationprogramme.nhs.uk/>

Recruitment into Specialty Training

- 5.4 Through the Medical and Dental Selection and Recruitment Programme (MDRS), HEE leads the delivery of postgraduate medical and dental recruitment on behalf of the UK health departments.
- 5.5 Recruitment processes for 2021 were impacted due to the COVID-19 pandemic, which caused the development of contingency plans. The contingency plans removed the interviews/selection centres and replaced with online testing and trainee self-assessment scoring.
- 5.6 The MDRS programme has been working with lead recruiters and specialties to develop plans for future recruitment, which can be delivered in case of a resurge but also take into consideration applicant and panel member feedback around the desire for face-to-face interviews.
- 5.7 Details of the medical specialty recruitment for 2022 will be published on HEE's specialty recruitment website in autumn. [Home \(hee.nhs.uk\)](https://www.hee.nhs.uk).

Rotations

- 5.8 Scheduled rotations should continue as planned wherever possible, particularly for foundation and core trainees. Regional flexibilities to rotation dates are permitted for higher trainees, with a view to balancing regional training and service needs. This flexibility will facilitate the provision of high-quality training posts for trainees to rotate into and support resilience within the system.
- 5.9 Training placements within a programme area may change due to changes to service models. Where this happens, they will still be in the same geographical area and where high-quality training can be assured.

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- 5.10 HEE continues to work with the Devolved Nations, GMC and Medical Royal Colleges to enable trainees to progress by increasing the flexibility within training programmes at critical progression points and at other transition points in training.

Examination, assessment and progression for specialty trainees

- 5.11 Where cancellations of face-to-face postgraduate specialty examinations are required, the HEE medical director and deputy medical directors will work with the General Medical Council, other Statutory Education Bodies (SEBs), and the Medical Royal Colleges to consider safe contingences for assessing competency. Trainee representatives will be actively involved in this process.
- 5.12 All examination bodies have already been asked to produce contingency plans if COVID-19 requires adjustment to current planning. The Academy of Medical Educators have agreed to maintain a list of exams and contingencies.

Data Capture of Redeployment of medical and dental Trainees

- 5.13 A data collection exercise has been developed to capture trainee rotation and placements in consistency across the country. This data will allow for more accurate information on the number of trainees whose training progression may have been affected and the forecast of financial implications.

ARCP and Progression

- 5.14 HEE will continue to work with the other Statutory Education Bodies and Professional Bodies to support evidence gathering, preparing and delivering ARCPs during the COVID-19 Pandemic.
- 5.15 As the COVID-19 pandemic continues to impact on training, COVID ARCP Outcomes might be required for some time. For this reason, approval for curriculum derogations have been extended. They will remain under review whilst the impact of the pandemic continues to disrupt training.
- 5.16 The use of the COVID Outcomes 10.1 and 10.2 and ARCP appeals will apply to ARCPs scheduled up to and including September 2021 subject to further review.
- 5.17 ARCP Panels are currently not face to face. Virtual panels will mean changes will not need to be made during the ARCP process in the event of further lockdown restriction and ensures consistency across all regions.

Supporting ARCP progression for trainees who have been isolating

- 5.18 When arriving at an Outcome, ARCP panels will consider the impact of the COVID-19 pandemic, including a flexible approach to time-off due to illness or meeting isolation requirements, such as shielding. Where the acquisition of required capabilities has been delayed solely due to the impact of COVID-19, trainees should be enabled to progress to the next stage of training. In these instances, where a trainee is expected to achieve their outstanding competencies before their next ARCP, an extension to training will not therefore be necessary.

Evidencing Experience

- 5.19 Trainees who have been redeployed to different specialties and clinical service areas to support the COVID-19 response are encouraged to follow HEE [guidance on evidencing experience](#). The guidance offers a light touch approach that maps experience to the GMC General Professional Capabilities.

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5.20 HEE has developed a COVID-19 skills passport to help acknowledge additional skills that health professionals gained or contributed during the COVID-19 pandemic. An account of skills acquired can be summarised by trainees and added to their e-Portfolio, to cross-reference with curriculum competencies.

General Practice

Placements

5.21 It is vital that the flow of newly qualified GPs continues to meet ongoing demand for primary care services. Wherever possible curriculum fulfilment and assessments should continue to enable GP Specialty Trainees to continue to qualify as GPs.

5.22 However, as determined by local and regional demand scenarios, GP specialty trainees may be asked to volunteer to support the pandemic response or other surges in flu or RSV if a service need is identified by regional trigger points. This will normally be in the Primary Care response, such as in their own practice Hot Hubs and therefore would continue to support their learning.

5.23 During any future COVID-19 surge or surges in flu or RSV, GP specialty trainees still need to be supervised at all times while they are working clinically, and time should continue to be set aside for a debriefing on the week between GP trainee and supervisor.

Assessment - MRCGP

5.24 The latest advice on the Clinical Skills Assessment (CSA) and Applied Knowledge Test (AKT) is available on the MRCGP website [MRCGP exam overview](#)

Clinical Academic Trainees

5.25 The NIHR published principles and practical actions in response to the disruption to clinical academic training by COVID-19 to be addressed by all UK institutions and organisations responsible for supporting and progressing the careers of trainee clinical academics. [Progressing UK clinical academic training in 2020: Addressing the challenges of COVID-19 \(nih.ac.uk\)](#)

5.26 Advice from CoPMED on academic training is available at <https://www.copmed.org.uk/publications/covid-19-academic-training>

Dentistry

Undergraduate

5.27 All undergraduate dental students will continue their academic learning, restart placements that were paused during the earlier waves and commence scheduled clinical placements as part of their programme. There are no plans for redeployment. Dental Schools Council and the Association of Dental Hospitals published a report outlining a set of guiding principles to support all UK and Irish dental hospitals and schools towards the safe return to educational placement provision within open plan clinics. This can be accessed here: <https://www.dentalschoolscouncil.ac.uk/wp-content/uploads/2020/09/COVID-19-Planning-return-to-Open-Plan-Clinics-Guiding-Principles-to-mitigate-risk.pdf>

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Postgraduate Dental Training

5.28 Guidance on the process for postgraduate dental and foundation training is available at <https://www.copdend.org/postgraduate-training/dental-foundation-training-joint-recruitment-statement-may-2021/>

Review of Competence Progression

5.29 Outcome 6C may be retained for dental foundation trainees who have been unable to obtain all curriculum requirements due to the pandemic but are safe to successfully exit the programme. In these cases, the outcome will outline the outstanding requirements and provide the dentists with a personal development plan for obtaining these competencies. The COVID-19 outcome 10 will remain an option to use for speciality and core training ARCP outcomes.

5.30 Further guidance can be accessed here: <https://www.hee.nhs.uk/coronavirus-information-trainees>

Pharmacy

5.31 To maintain future workforce supply, it is important that students' learning is not impacted by any redeployment into the workplace. Any decision to deploy into a pharmacy workplace is the decision of the individual student, and all the risks associated with deployment, including but not limited to disruption to study, completion of assessments and academic progression, physical and mental health and safety risks.

Pre-Registration Pharmacists (PRP)/ Trainee Pharmacists

5.32 Planned changes to the current pre-registration training for pharmacy students are due to become effective from **July 2021**. These changes are part of the implementation of the new standards for the initial education and training of pharmacists published by the GPhC in January 2021 and will see the implementation of a foundation year for trainees.

5.33 Information is available on the GPhC website explaining what is changing and what this means for trainee pharmacists, training sites and designated supervisors. **Applications to the foundation training scheme for 2021/22 will open on 16 June 2021.** [Foundation training year 2021/22 | General Pharmaceutical Council \(pharmacyregulation.org\)](https://www.pharmacyregulation.org/foundation-training-year-2021-22)

HEE commissioned pre-registration trainee Pharmacy Technicians

5.34 Pre-registration Trainee Pharmacy Technicians undertake their training predominantly in a workplace and the employer and training provider will need to work in collaboration so that any changes in work patterns can minimise the effect on progression. This will include liaison with HEE when it is involved in funding support.

Nursing and Midwifery

5.35 The NMC introduced temporary changes to their standards for education during the first two waves of the pandemic. The NMC's emergency education standards allowed more flexibility in programme delivery, and students to undertake extended placements without the requirement for supernumerary status to support the health and social care workforce. Protecting students learning is a priority for the future pipeline and there are no current plans for deployment into service for future surges in the pandemic.

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- 5.36 Recognising the impact COVID 19 has had on the number and range of practice placements available in providing opportunities for students to gain experience and learn in practice, the NMC introduced a new recovery standard to ensure nurses studying during the pandemic are not disadvantaged in their learning.
- 5.37 The introduction of the new recovery standard allows student nurses to practise and learn through simulated based education experiences where clinical placement is not available or is not possible. The NMC standard was supported by £15m funding from Government available for English universities to invest in increasing access to simulated education facilities and technologies for nursing and other health students to practise in a safe environment and continue their progression through the programme.
- 5.38 Up to date information about the application of emergency and recovery standards for students studying towards NMC registration is available on the NMC website. <https://www.nmc.org.uk/standards-for-education-and-training/emergency-education-standards/>

Allied Health Profession Students

- 5.39 During the pandemic, whilst prioritising efforts to maintain student education, the HCPC have offered flexible standards which allow education providers to develop their programmes as needed to respond to COVID 19. HEIs can consider the nature of the learner's role in service, the type of experience they gained, and how this might be relevant to the achievement of the programme's learning outcomes. HEE is supporting HEIs and providers to develop simulation and virtual connection to placements such as virtual outpatient sessions.
- 5.40 AHP student are on placements working under supervision within the workforce. There is no need to deploy AHP students differently as they are already working within health care teams under supervision as part of resurge and recovery.
- 5.41 HEE is working with HEIs and providers to work through the backlog of paused clinical placements and resume these to ensure all students affected by the pandemic can complete the required clinical placement hours.
- 5.42 HEE colleagues will continue to work with the Council of Deans, NHS Employers, HCPC and the professional bodies to review the system and advise on the optimal arrangements for AHP students to attain clinical hours and progression.

Apprentices

- 5.43 The most up to date information about healthcare apprenticeships, including regular updates on the impact of COVID 19 on apprentices in training and due to complete an end point assessment is included in the HASO website [Coronavirus \(Covid-19\) Apprenticeship Updates - HASO \(skillsforhealth.org.uk\)](https://www.skillsforhealth.org.uk/coronavirus-covid-19-apprenticeship-updates)

Healthcare scientists

- 5.44 Advice and support for learners on the scientist training programme and higher specialist scientist training programme is published via the NSHCS microsite:

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[Coronavirus \(COVID-19\) Information \(hee.nhs.uk\)](https://www.hee.nhs.uk/coronavirus)

Physicians Associates

- 5.45 The Faculty for Physician Associates (FPA) and Physician Associate Schools Council (PASC) recommended that courses training Physician Associates in the UK accept no fewer than 1400 hours clinical practice and that there would be some flexibility in clinical areas in which this could be achieved.
- 5.46 Recognising the continuing impact on the provision of clinical placements through the COVID-19 pandemic an interim measure for Year 2 students is implemented to allow 10% of these hours to be provided by alternative methods such as simulation, while maintaining a minimum of 1260 clinical practice hours.
- 5.47 Regulation of Physicians Associates by the GMC is currently being consulted upon by the Government. The consultation closes 16 June 2021.
- 5.48 Further updates can be accessed on the FPA website: <https://fparcp.co.uk/about-fpa/news/COVID-19-19/>

6. Learner Redeployment

- 6.1 The guidance published in November provides a framework for the safe and effective deployment of multi-professional healthcare students and postgraduate trainees to support the management of a resurge of COVID-19, in England. Guidance on the services individual healthcare learners maybe able to provide and activities which students could safely undertake to support service continuity within planned placements remains current.
- 6.2 The NHS can now benefit from the established protocols and lessons learned from the COVID-19 pandemic. Given the significant disruption the COVID-19 pandemic has had on healthcare learners, HEE's priority is to maintain planned training and to avoid delay into the qualified workforce. Whilst it is possible support will be needed, for example, for future waves or local surges or in response to increased respiratory illnesses (which have been suppressed during the 20/21 winter season due to anti-covid measures) HEE would not support learner redeployment unless in exceptional circumstances.
- 6.3 Flexibility in pre-registration students' availability to contribute to the workforce are determined by the relevant regulators and their websites are regularly updated and provide up to date information.
- 6.4 Re-deployment of post registration medical or dental trainees should be agreed locally by the Dean and employer. Whilst there may be requirements to build capacity in critical care within trusts to manage service surges of the COVID-19 outbreak, it is important that other essential health care services are maintained and critical staffing capacity is not depleted in mental health, primary care and social care.
- 6.5 HEE will facilitate effective deployment of post-registration medical trainees by:

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- working with NHS England and NHS Improvement to consider all available data and to provide additional data to regional workforce hubs on numbers of these doctors willing to return to clinical practice, and their recommended deployment
- developing redeployment strategies for learners that consider areas of greatest service need (as defined by regional and local system Gold Command and/or trust workforce leads) whilst maintaining an equal focus on delivering critical non COVID care or elective work, maintaining education and training progression and trainee and patient safety (refer to the HEE statement on educational quality)
- developing contingency plans with local system engagement for possible redeployment of doctors across providers to provide short term support for local surges with doctors who have experience in these settings
- Regional Postgraduate Deans will ensure that decisions about moving trainees consider regional and local surges impacting on clinical demand, staff sickness and total workforce availability. The needs of doctors in training (including safe induction and supervision) and progression must be part of this decision-making undertaking accurate data collection to inform future training needs analysis and trainee progression.

Support and Wellbeing Access

- 6.6 It is crucial that any returning or redeployed staff, in whatever capacity, receive **sufficient induction** and **supervision** to ensure staff and patient safety.
- 6.7 Deployed staff and those responsible for them should therefore be asking:
- Has a basic orientation to the workplace taken place (e.g., location of fire escapes, key clinical equipment, rest facilities, patient rooms)?
 - Is there access the necessary systems (e.g., logins for IT access, for test results, scans etc.)?
 - Have staff received mandatory training relevant to their role (e.g., Basic Life Support, Advanced Life Support, Advance Trauma Life Support, Safeguarding, Infection Control)
 - Are staff being asked to undertake tasks beyond their level of competence/training or which they do not feel confident to undertake?
 - Do staff have access to appropriate clinical colleagues who can provide clinical supervision/support and advice when they need it? (e.g., nurses, specialty doctors, peers)?
 - Where additional facilities are commissioned, has a Director of Medical Education/Director of Clinical Education been appointed to support training for staff engaged in both COVID-19 related and other areas of practice?
 - Do staff know who to notify (and how) within the ward area/ department/organization if they have concerns?
- 6.8 Each organisation will have policies that enable its staff to raise and escalate concerns. HEE has set out how it will support and enable escalation of concerns from trainees [here](#).

7. Online Resources and Guidance

This section brings together the documents and guidance referenced throughout the Operational Guidance document, in addition to other useful online resources.

For Regional COVID-19 Updates

In addition to HEE's national guidance and guidance from all four statutory education bodies you can access specific information from across the seven regions:

- [East of England](#)
- [London](#)
- [Midlands](#)
- [North east and Yorkshire](#)
- [North west](#)
- [South east](#)
- [South west](#)

Wellbeing

NHS staff have been given [free access to a number of wellbeing apps](#) from now until the end of December 2020 to support their mental health and wellbeing.

This includes access to SilverCloud (offers free wellbeing support), #StayAlive (a suicide prevention resource), Daylight (provides help to people experiencing symptoms of worry and anxiety), Sleepio (a sleep-improvement programme), Unmind (helps you measure and manage your personal mental health needs) and Headspace (helps reduce stress, build resilience, and aid better sleep).

The NHS has launched a [mental wellbeing support package](#) for its 1.4 million staff; to help them as they help people deal with the pressures faced during this global health pandemic.

Government Updates

The latest [government's response to coronavirus](#) and travel advice can be found on gov.uk.

For all Government published guidance about coronavirus (COVID-19) for health and social care settings, other non-clinical settings, and for the general public you can find information on the [gov website](#).

Healthcare Student Resources

The Office for Students has compiled information for students and education providers <https://www.officeforstudents.org.uk/advice-and-guidance/coronavirus/>

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COVID-19 eLearning

HEE has made its [Coronavirus](#) eLearning resources freely available to colleagues working in the NHS, independent sector and social care. We have removed the requirement to register and log in.

We recognise that this is a global issue, so we have made the Coronavirus programme available to international users for free via our partner organisation, eIntegrity. If you are a learner outside of the UK, please select [here](#)

Professional Bodies' COVID-19 Guidance

Medicine: [British Medical Association](#)

Dentistry: [British Dental Association](#)

Nursing: [Royal College of Nursing](#)

Midwifery: [Royal College of Midwives](#)

Allied Health Professions:

[British Association of Art Therapists](#)

[British Association of UK Dieticians](#)

[Royal College of Occupational Therapists](#)

[College of Paramedics](#)

[College of Podiatry](#)

[British Association of Prosthetists and Orthotists](#)

[British Association of Drama Therapists](#)

[British Association for Music Therapy](#)

[British and Irish Orthoptics Society](#)

[Chartered Society of Physiotherapy](#)

[Society of Radiographers](#)

[Royal College of Speech and Language Therapy](#)

Pharmacy and Pharmacy Technicians

[Royal Pharmaceutical Society](#)

[Association of Pharmacy Technicians UK](#)

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Health Care Science

[Links to the healthcare science professional bodies.](#)

Medical Education

Students and trainees are encouraged stay up to date with information and guidance from across the system:

- [Academy of Medical Royal Colleges COVID-19 guidance](#)
- [General Medical Council Coronavirus information and guidance](#)
- [COPMeD](#)
- For specific information on cancellations and rescheduling of exams please visit your relevant Medical Royal College website.

Other NHS and ALB Resources

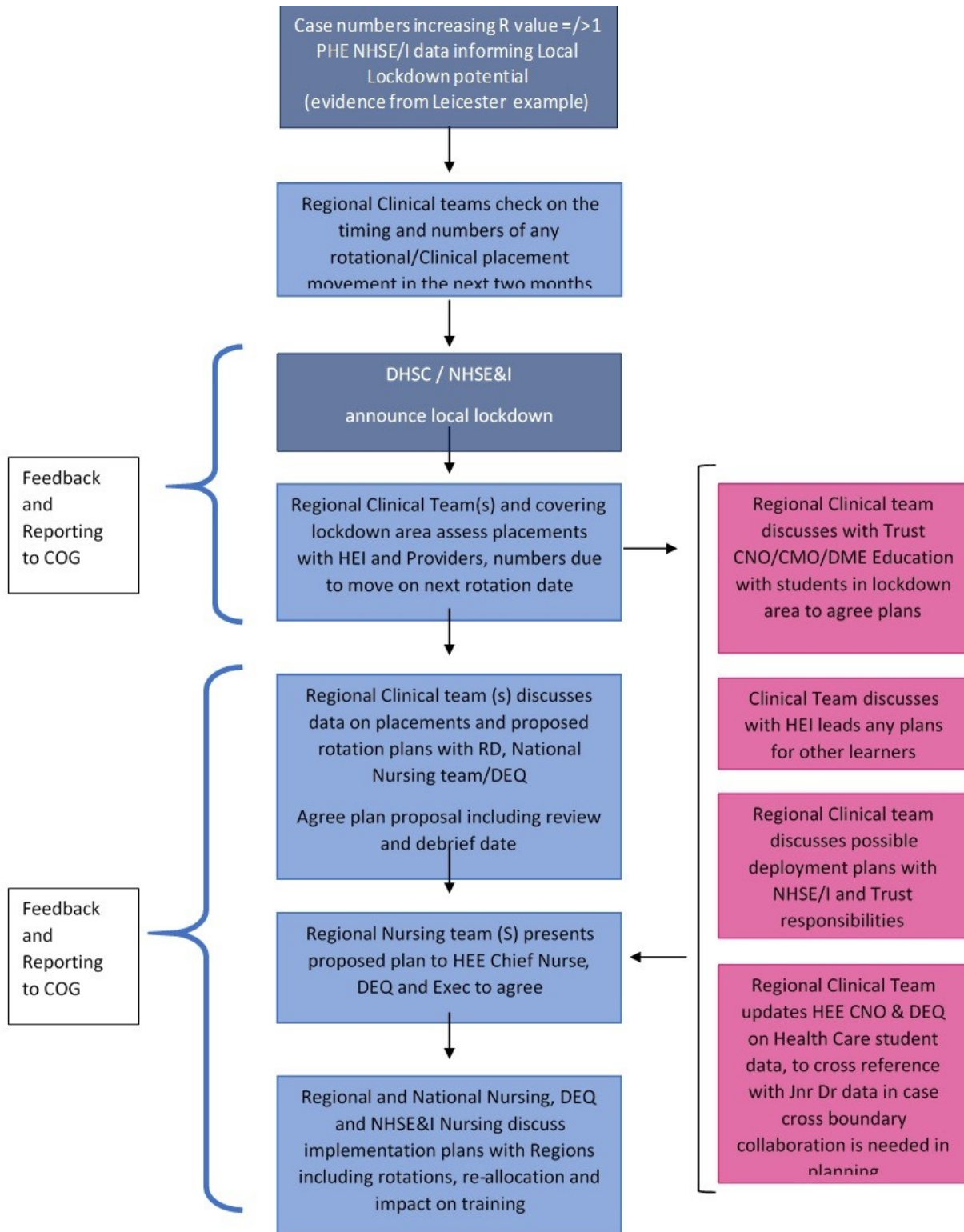
For COVID-19 guidance for NHS workforce leaders go to [NHS Employers website](#).

NICE have brought together [guidance, resources, and other information](#) to help support the health and social care system as it continues to respond to the pandemic.

For the latest Coronavirus content for NHS Services in England, visit the [NHS England website](#)

Annex A

Fig. 1 Escalation Flow Diagram – non-medical and dental



Annex A ctd.

Figure 2: Escalation Flow Diagram – postgraduate medical and dental

