

Education and training Update and guidance for regions

February Rotations

Many of the forthcoming rotations do not involve movements of trainees to new organisations and are generally seen as an important part of a trainee's programme- perhaps even more so during these challenging times.

These should in general continue as planned, as trainee morale is likely to be very adversely affected by any major delays in these at this late stage.

There will be local flexibility at Postgraduate Dean level to delay for up to 4 weeks for service and patient needs on a case-by-case basis which will vary from area to area and between specialties.

Suspension of Training

There is no support for a general suspension of training at this stage.

A local flexible approach to this was considered the most appropriate plan, again tailored to the local situation, guided by the Postgraduate Dean.

As with rotations, this would vary between localities and specialties-but with the emphasis on continuing to access the education and training opportunities wherever and whenever possible-so as to minimise the subsequent need for training extensions and their attendant risks.

Education and Training

Where training continues, the principles for this are outlined in the document enclosed. If training is suspended, pastoral care remains even more important and trainees should have access to appropriate advice and guidance. *In both situations there is a clear need for an educational recovery plan to be discussed and agreed between trainee and education supervisor, with oversight from their TPD.*

The provision of drop-in sessions for trainees with TPDs is especially helpful. This will ensure that the impact of any training disruption is minimized and allow clear plans to be agreed which may include the use of simulation training and concentrated time in specific areas of training need.

Principles for the management of education provision for trainees in Primary and Secondary Care.

The Health Service is under increasing pressure to release trainee time for COVID facing work as Trusts are managing unprecedented numbers of COVID inpatients whilst struggling with high levels of staff absence. Primary Care is similarly facing unprecedented demand whilst coping with COVID – from patients, building limitations, staff absence and the need to deliver the biggest vaccination programme England has ever undertaken.

A local rather than national approach is encouraged, recognising that pressures vary between regions and within regions.

General principles

- Teaching should continue where possible and where there is no risk to the delivery of patient services
- In areas under the greatest pressure, it is recognised that Trusts may be unable to release hospital-based trainees for training
- All trainees must have access to peer and TPD (including Royal College and Specialty Lead) support and there are good examples of scheduled drop-in sessions, and other initiatives which should be considered
- Where educators need to move to patient facing roles (see below) there may be a need to combine teaching opportunities across different training programmes
- Teaching for ST3s in General Practice and hospital trainees at critical progression points must be prioritised, especially support towards upcoming examinations

Education time

- *General Practices* should continue to deliver weekly tutorials (albeit modified as required), however if pressures are such that this is impossible then a discussion should take place with the local training programme leads
- It may be possible to facilitate joint tutorials between different general practices and/or for local trainers to work cooperatively to maintain education
- This can be educationally beneficial for example giving the opportunity for triangulation of feedback for COTs and CbDs
- *Trust-based* education sessions should continue where possible-usually on-line
- Personal study time should be protected where feasible

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- Trainees work schedules should be adhered to unless there are specific local circumstances making this impossible, in which case there should be a discussion with the employer and local training programme leads

Educator deployment

- As in the first wave HEE will support educators who need to prioritise patient facing work
- Educators should be mindful of their own wellbeing and the need to maintain a sustainable working pattern
- A discussion should take place with the Head of School to agree priorities for trainees and their supervisors
- There should be coordination within training programmes and across regions to ensure that trainees still have access to appropriate TPD and wellbeing support

Supervision

- Trainees must have access to high quality clinical supervision at all times
- Supervisors should complete workplace-based assessments when possible
- Trainees are encouraged to reflect on the additional skills they have gained providing care during the pandemic – reference self-certification document

Any changes to educational provision should be reviewed regularly and regular provision restored as soon as possible