



Supporting redeployment of trainees when managing local, regional or national COVID surges – guiding Principles

Introduction

To ensure the long-term availability of our medical workforce in the future it is essential that trainees continue to have the opportunity to progress. However, HEIW is cognisant of the urgent care demands that may be placed on trainees during local, regional or national COVID surges invoking a response similar to that seen earlier this year.

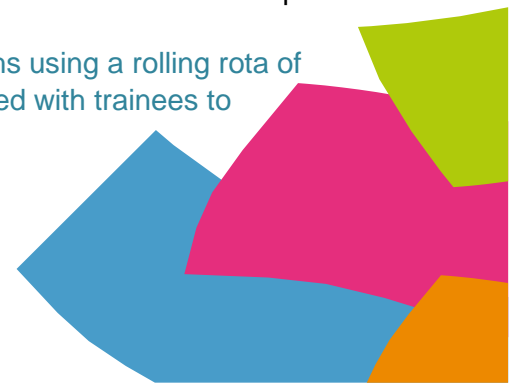
Whilst the loss of training opportunities during the initial phase did not prevent most trainees in Wales progressing in their training, continued and repeated surges will have a cumulative effect and impact.

Guiding [principles for Educational Organisations during Pandemic Surges](#) issued by the 4 Statutory Education Bodies early in September focus on the education and training requirements of all trainees across our training programmes and make recommendations regarding a phased and prioritised approach to redeployment of trainees to meet the needs of the ongoing COVID-19 pandemic and further localised lockdown implementations. This document goes one step further to provide more detail to ensure any redeployment of trainees is staged and planned for to ensure the immediate and future impact on trainee progression is minimised. [We also ask that substantial changes to out of hours/on call rotas for trainees which will impact upon availability for daytime training and educational opportunities also follow these guiding principles.](#)

Guiding Principles

- The redeployment of trainees (in terms of their pre-move employment) should be prioritised in the following order¹:
 - Trainees recently awarded a CCT but undertaking a period of grace placement
 - Trainees in programmes where activity has ceased as a result of COVID focussing on CT1/ST1 grades initially
 - FY1 trainees
 - Other CT1/ST1 trainees (including ST1 GP trainees if employed pre-move in a hospital post)
 - Trainees at higher levels of training (excluding those trainees in their final 12 months of training)
 - GP Trainees in Practice based posts should not be moved into the secondary care setting without the prior agreement of the Director/Deputy Director of General Practice in HEIW.
- Only trainees who are progressing in a satisfactory way on their programme should be considered for a placement move. Any trainee issued an Outcome 10.2 at the most recent ARCP due to COVID should not be redeployed irrespective of their programme or level. [If Health Boards do not have this information please contact either the TPD or HEIW ARCP team \[HEIW.ARCP@wales.nhs.uk\]\(mailto:HEIW.ARCP@wales.nhs.uk\) who can provide further information.](#)
- Trainee redeployment should be of the minimum duration to support the essential service response. It should not exceed a period of 6 weeks.
- [Where possible redeployment plans should be developed for 3-6 months using a rolling rota of proposed deployments developed. This proposed plan should be shared with trainees to manage expectations.](#)

¹ Specialty priority list removed in November 2020



- Any plans for redeployment or [significant rota changes](#) should be discussed with the Head of School/Specialty Training Programme Director (TPD) and Clinical Directors of the affected departments.
- Heads of Schools/TPDs should consider and highlight to the Clinical Directors any specific training requirements arising as a result of the redeployment. Where possible all parties should ensure opportunities for trainees to access essential specialty/procedural work relevant to their training, where it continues to run, are maintained.
- Wherever possible, clinical workplace-based assessments should be undertaken during the redeployment to ensure that training is still considered and delivered, if relevant and practical to do so.

In line with previous guidance issued to support COVID phase 1 and Winter Pressures redeployment of trainees all parties must ensure:

- Trainees are 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 deployed to a different clinical area must have appropriate induction and be informed of who they are reporting to, and who is providing supervision with details of how to contact them.
- The movement of any trainee locally within the Health Board must be discussed with the relevant Head of School/TPD and the Clinical Directors in the affected departments who must both be supportive of the movement and consider any specific training requirements.
- Trainees must have a named clinical supervisor in the department they are moving to and have an appropriate level of clinical supervision at all times.