It is well recognised that the Covid-19 pandemic has, and continues to have, a significant impact on the training of a number of trainees. These include:

* **Clinically Extremely Vulnerable (CEV)** trainees, as defined at the government website: <https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19#who-this-guidance-is-for>
* **Clinically Vulnerable (CV)** trainees: those trainees who are at increased risk of developing significant health issues due to coronavirus but are not covered by the government advice to shield for CEV individuals. These include BAME individuals, pregnant women (especially beyond 28 weeks), and staff who have health issues that fall outside the CEV group e.g. diabetes, obesity. These trainees are at increased risk within the clinical setting and, following appropriate occupational health assessment, may not be able to continue in their normal clinical roles.
* **Other trainees** who do not fall into the CEV or CV categories but are unable to undertake their normal clinical activities due to Covid-19. These may include trainees living or caring for CEV or CV relatives, where the risk of the trainee contracting Covid-19 outweighs the risk to their training, or trainees who rely on lip reading to communication with patients and colleagues.

The term ‘shielding’ has been used to describe those people who fall into the CEV category only. However, it is recognised that all trainees who fall into any of the three groups above, may have been displaced from normal clinical activity due to the pandemic. Therefore, the term **Covid-displaced** should be used to encompass these trainees unable to continue in their normal clinical work due to the pandemic.

**General employment principles:**

* Trainees who are shielding or otherwise Covid-displaced are not classed as on sick leave and may still be able to undertake work and gain competencies.
* The employer, usually the NHS, is required to support all staff to enable them to stay well and to continue to contribute to work where reasonable adjustments can be made to accommodate them.
* Where it is not possible for a shielded NHS employee to work safely their employer will need to “exercise discretion and use the flexibilities available to support staff during the pandemic.” <https://www.nhsemployers.org/covid19/staff-terms-and-conditions/staff-terms-and-conditions-faqs/pay#Shielding>

* Trainees who are with the CEV or CV groups may choose not to shield but they must be aware of any risks they take in doing so.
* Trainees ‘shielding by proxy’ to protect a member of their household, may be supported by, for example, the possibility of alternative accommodation for the trainee to allow them to continue to work and train.
* A number of trainees will not be shielding but may have their work pattern changed because of increased risk e.g. BAME trainees. They will face many of the same challenges as shielded trainees and any policy should also be sensitive to their needs.

**General educational principles:**

Covid-19 displacement has caused significant disruption to some trainees, affecting their ability to gain clinical competencies and access training opportunities. These challenges are likely to be exacerbated if further waves of the pandemic occur and further episodes of shielding are necessary. Therefore, it is imperative that these trainees are closely supported during the period of displacement, when returning to work and in future career planning. Some trainees may still feel uncertain about returning to their previous clinical environment and those that do return will have been away from the clinical environment for a significant period of time. This may be early on in their programs or at critical transition points and appropriate advice and support must be given.

**Recommendations:**

* Each School should keep a log of all Covid-displaced trainees with the reason for displacement. This will allow national collation to determine whether any adjustments can be made for specific groups of displaced trainees
* All Covid-displaced trainees should have regular reviews, documented within their portfolios, outlining their current circumstances, educational and training needs, wellbeing, support and employment options.
* All Covid-displaced trainees should be able to acquire competencies through non-clinical work such as quality improvement projects, educational projects and leadership and management work. For a fuller review of examples please refer to North West Process Document; *Still Shielding – potential activities for those unable to return to clinical practice*
* A PDP should be agreed between the trainee and educational supervisor that reflects the clinical and non-clinical training opportunities available.
* All Covid-displaced trainees should continue to have remote clinical (if appropriate) supervision.
* The e-portfolio should continue to be completed and will be the record of competencies gained during this period.
* Trainees remain on training programs so will be subject to an ARCP. The ‘no fault’ Covid 10.1 and 10.2 outcomes are likely to be appropriate for many displaced trainees, though some may still gain an outcome one, and other non-standard outcomes may be appropriate.

Of note, certain clinical competencies can potentially be gained through virtual clinics, remote imaging reporting, remote reporting of physiological tests etc. and many of these skills will be particularly appropriate as these become a standard part of clinical practice. There are a number of training modules on virtual clinical activity already available and these, as well as examples of best practice, should be made available to both trainees and their supervisors. Educational and clinical supervisors should ensure that the trainee is able to fully take up the opportunities for virtual work.

**General wellbeing principles:**

It is well recognised that having to stay away from the clinical environment is very isolating and, in conjunction with the anxieties caused by potential ill health and interruption in training, wellbeing may be significantly impacted. There are a number of resources available to Covid-displaced trainees which require early signposting. These include:

* The Training Support Network

[www.nwpgmd.nhs.uk/TSN](http://www.nwpgmd.nhs.uk/TSN)

* The Shielding trainees advisory group (S-STAG)
* [www.nwpgmd.nhs.uk/resources/supportt-shielding-trainees](http://www.nwpgmd.nhs.uk/resources/supportt-shielding-trainees)
* Coaching and mentoring support

[www.nwpgmd.nhs.uk/supportt-mentoring](http://www.nwpgmd.nhs.uk/supportt-mentoring)

* SuppoRRT

[www.nwpgmd.nhs.uk/supported-return-to-training](http://www.nwpgmd.nhs.uk/supported-return-to-training)

* Careers advice

[www.nwpgmd.nhs.uk/careers\_advice/careers](http://www.nwpgmd.nhs.uk/careers_advice/careers)

Of note, the decision as to whether the trainee remains out of their normal clinical environment will be made by the employer in discussion with the trainee (specifically, the decision to offer shielding is an employment one, guided by occupational health and government guidance). It is likely that most trainees will be displaced for a period of a few months. However, some trainees, particularly those in the CEV group, may be shielding for considerably longer.

Gold Guide recommendation, (GG8:1.15), states that trainees can remain within a program for up to two years before the Postgraduate Dean is required to assess whether to continue holding their NTN or to remove it. During this period they should remain in employment, with their placement managed as described above. However, trainees in this situation may feel uncomfortable with their present career choice and may wish to explore how they should progress. Detailed and documented discussions should be held with these trainees by senior members of the educational faculty e.g. TPD, Head of School, APD at six-monthly intervals, which if appropriate should include career advice and appropriate signposting.

If a trainee is unable to temporarily undertake a patient facing role consideration could be given to granting an OOPE during this time. This will not need the usual amount of notice since displaced trainees will be making less (if any) contribution to rotas and approval (if appropriate) of such requests should be expedited.

**Returning to clinical work:**

Plans need to be in place to ensure that trainees can return to program once they are no longer displaced and resume normal clinical activity. The decision as to whether these trainees are ‘put on pause’ and return to their previous post, enter what would have been their next post and are otherwise fitted back into the program, should be managed following discussion between the trainee, ES, TPD and /or head of school.

Trainees should meet with their educational supervisor as soon as they have a return to work date. This meeting could be virtual and held in advance of the return to work. The following topics should be covered:

* A check-in of wellbeing matters.
* A review, and if appropriate, sign off, of competencies gained whilst displaced.
* An assessment of immediate return to clinical training needs including need for

formal return to training program.

* Trainee should be strongly encouraged to attend the SuppoRTT program which can specifically accommodate the needs of all Covid-displaced trainees returning to work.
* A discussion of how missed competencies can be gained during the rest of the training program to include those competencies potentially lost during Covid-displacement.
* To review any occupational health and employer recommendations regarding ongoing adjustments to work and assess the impact on training.

Of note; following this meeting the educational supervisor and trainee are likely to be able to assess whether there is a likelihood that training will need to be extended. For planning purposes, the Head of School and Postgraduate Dean should be informed if there is a likelihood training time will need to be extended.

**Pregnancy:**

* Many pregnant trainees will have been off work for longer than they originally planned and may have experienced high levels of concern and difficult decisions regarding leaving clinical work early which can have significant psychological and wellbeing effects. These trainees may need additional support (over and above that usually given following parental leave) and this must be recognised in their return to work process. Educational supervisors should be specifically alerted to these issues and seek support from the lead educator.
* Trainees who have been Covid-displaced due to pregnancy should not be made to feel under any pressure (perceived or otherwise) to shorten the period of their parental leave to compensate for the time they were out of the clinical environment whilst pregnant.
* Some trainees who are Covid-displaced because of pregnancy may return to normal clinical work if recommendations on shielding change, whereas others may progress straight through to parental leave. Any guidance would apply at the first point at which they return to clinical work.

**Career Decisions:**

* Many trainees will face uncertainty about current career choices. It is important to give trainees the space to discuss these uncertainties without seeming to apply any pressure to make premature decisions.
* Any trainee who wishes to explore a career change should be supported in doing so and it should be made clear that taking this action does not prejudice their future in their current specialty.
* Should a trainee remain displaced from their normal clinical activity for over a year, and there is no obvious prospect of return, then it is important for the educational supervisor to prompt a discussion about their future career. It is unlikely that the educational supervisor will have the expertise to fully advice and support the trainee in this discussion, which should be held with a senior and informed member of the postgraduate team.

Further information: GMC guidance on enabling doctors with health-related issues to thrive within service provision and education and training:

GMC Welcomed and Valued:

<https://www.gmc-uk.org/education/standards-guidance-and-curricula/guidance/welcomed-and-valued/how-can-postgraduate-training-organisations-apply-their-duties>

Looking after Doctors Looking after Patients

<https://www.gmc-uk.org/-/media/documents/caring-for-doctors-caring-for-patients_pdf-80706341.pdf>

**Covid-displaced trainees: Gaining missed competencies**

Covid-19 displacement has caused significant disruption to some trainees, affecting their ability to gain clinical competencies and access training opportunities. This paper outlines some general principles when managing this group of trainees.

For many trainees who are Covid-displaced towards the beginning of their training programs, it would be reasonable to assume that competencies could be made up in their time remaining. However practically, these may not occur in an order that aligns with the decision aid, and trainees may not meet the requirements for an outcome one for a number of years.

Consideration should therefore be given to either extending the current 10.1 option or adding a descriptor to the outcome 2.

For trainees nearing critical progression points, catching up on clinical competencies may be difficult, and it is important that the impact of this is mitigated. Possible options for consideration are;

* Extending training by a period up to the number of months they were Covid-displaced.
* Considering dual-site working, for example being based at one site but undertaking procedures at another.
* Temporary fast track OOPT applications. This would be more complex to arrange but would potentially benefit all trainees who have missed competencies due to covid. Most OOPT in these circumstances is likely to occur in training sites already recognised by the GMC, avoiding the need for GMC approval.
* Encouraging use of OOPP (but this both carries a risk that competencies are only assessed on return and the trainee may not have time on return to demonstrate these). Any OOPP should only be taken after the trainee has been back in the program for three months to allow re-familiarisation with their specialty in a training program. This time will also allow the ES and trainee to discuss whether they are at a stage where working outside a formal training program will be beneficial.
* Prioritising these trainees in the training program. This is essentially part of the holistic approach to program management

Taken from ‘Updated guidance for managing postgraduate medical

trainees who are shielding due to Covid-19’ by Jonathan Corne