

Paediatric training and redeployment during COVID-19 surges



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The RCPCH recognises that redeployment of trainee paediatricians to adult services may be necessary through the surges of this pandemic. This guidance describes the principles that should minimise disruption that inevitably occurs to paediatric training during a redeployment.

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Introduction

Paediatricians and trainees in paediatrics are often keen to help out their adult medical colleagues during surges of COVID-19 patients.

Redeployment presents many challenges, some of which are particularly pertinent to paediatricians:

- Many paediatricians will have not worked in adult medicine for a number of years.
- Senior trainees may find learning during adult medical attachments of little relevance to their chosen specialty training.
- Loss of paediatric skills from a children's service may compromise the ability to maintain the standards and safety for those children and families who still require treatment.

The RCPCH recognises that redeployment has been necessary at times and, no doubt, will be necessary in the future through the surges in this COVID-19 pandemic. This guidance aims to describe the principles that, when followed, should minimise disruption that inevitably occurs to paediatric training during a redeployment.

The obvious tension is that paediatric services still require staff, if they are to continue to deliver safe care to children and their families.

Your progression in training

Remember – a period of redeployment will not necessarily interrupt your progression in training.

Paediatric trainees can use experience gained during redeployment to meet the RCPCH Progress curricular requirements, and we have [guidance on developing capabilities around the curriculum during COVID-19](#).

The Derogations to the Gold Guide to allow progression through training will continue through this academic year (until August / September 2021). See [RCPCH modified assessment strategy](#).

The modified table of assessments is in our [assessment guide](#).

We also have guidance about the [exams \(both theory and clinical components\) during COVID-19](#).

Principles for planning redeployment

Wherever possible, redeployment plans should have been prepared, with the involvement of trainee doctor representatives. Health Boards/Trusts should have discussed and agreed plans with the Postgraduate Dean in advance of any change involving doctors in training.

The four statutory education bodies (HEE, NES, HEIW, NIMDTA) published [“Maintaining Postgraduate Medical Education and Training - Principles for Educational Organisations during Pandemic Surges”](#) on 9 September 2020.

The following issues should be considered when planning redeployment:

- Where specialty services are continuing as normal, the expectation is that trainees would not be redeployed before trainees from services that have been scaled down.
- If specialty services are being scaled down (eg reduction or cessation of elective procedures / out-patient activity / closure or re-designation of wards), then redeployments should be staged, proportionate to clinical need and of the minimum duration necessary to support essential surge response.
- Any staged redeployment should minimise disruption to training. Therefore, where possible, locally employed grades should be redeployed first.
- Trainees whose training would be disrupted least by a period of redeployment should be redeployed before those trainees whose training progression would be put at risk through redeployment.
- Redeployment of trainees away from a specialty service should be done on a staged basis. Trainees whose ARCP (Annual Review of Competence Progression) is more dependent upon the specific specialty experience should be given priority to remain in that service, if the service continues. For example, level 2 trainees in community child health would be redeployed before level 3 trainees aiming for a CCT in Paediatrics (Community Child Health).
- Redeployment of Specialty Trainees in level 3 (ST6-8) and those trainees on an ARCP outcome 10 must be discussed with the relevant Head of School, to ensure there is a plan to enable these trainees to meet their curricular requirements in a way that reduces the risk of future extension to their training time.
- In line with Clinical Academic Training Forum guidance, trainees who are out of programme and/or engaged in research activities associated with integrated training should not be redeployed back into clinical services, unless as a last resort.
- Health Boards / Trusts and Deaneries should continue to provide accessible ongoing specialty training teaching programmes, where at all possible. Educational supervision must continue.
- Health Boards / Trusts should ensure they offer support to all doctors, with clear wellbeing provision, legal and well-designed rotas, minimising travel with consideration of local accommodation if needed, and access to occupational health for risk assessments if needed.

Principles during redeployment

Any staff redeployed to help with adult services during COVID-19 surges need to be adequately supported, in terms of:

- Access to PPE (personal protective equipment) and training in infection control procedures, particularly if in an unfamiliar clinical area
- Equity of access to vaccination against COVID-19
- Clinical supervision to ensure trainees are not practising unsupported outside their area of capability; this is likely to include:
 - prior upskilling and ongoing training in management of adult conditions
 - clear and accessible guidelines
 - timely access to senior clinical support, with clear lines of communication
 - appropriate IM&T (Information Management & Technology) support, particularly if required to use unfamiliar clinical IT systems
- Continuing educational supervision, with regular meetings between the trainee and their current educational supervisor, remotely if necessary

Raising concerns

If trainees have concerns about redeployment, they can seek advice from the following sources:

- Educational Supervisor
- Head of School
- Guardian of Safe Working
- Director of Medical Education responsible for the site

Reporting patient safety risks:

- Health Board / Trust risk reporting systems
- Exception reporting
- Raising concerns with clinical supervisor

Reporting risks to trainee progression due to COVID-19:

- [HEE has an online reporting tool for trainees, Training Programme Directors \(TPDs\) and Heads of School \(HoS\)](#) to report perceived risks to experiential learning and progression due to the COVID-19 pandemic.

External links

[HEE: Specialty trainees - latest updates for trainees in UK](#)

[HEE: Education and training update and guidance for trainees in UK \(Jan 2021\)](#)