**HEE THAMES VALLEY**

**HEAD OF SCHOOL UPDATE No.11**

**12 January 2021**

Dear Educators and Trainees

It has come to that time again to try and summarise all the recent changes and updates for you in a newsletter.

It hasn’t been the New Year we had hoped, and hospital trusts have been inundated with COVID positive patients, as well as ITU units filling up rapidly across the south east. I know GP surgeries have also been super busy dealing with the normal excessive workload of winter, COVID and now delivering a national CVOID immunisation programme. I know many of our trainers and trainees have been involved in this, protecting our elderly, care workers and NHS staff in the first instance. I want to congratulate you all on continuing to work and support our colleagues and patients in these extremely difficult times.

I wanted to summarise some updates recently made on training and exams.

1) RCGP have now issued a statement regarding AKT exams and these can be found below.

I understand the difficulty many of you face having had exams changed and postponed many times.

The letter sent to us all is outlined below and information also available here on the website:

<https://www.rcgp.org.uk/about-us/rcgp-blog/exams-update-following-uk-lockdowns.aspx>

***Exams update following UK lockdowns - 8 January 2021***

***8 January 2021***

***Dear Colleagues,***

***The New Year is already bringing new challenges and the latest national lockdowns across the UK have meant that the College has spent the last few days considering the feasibility of our MRCGP examinations and the implications for GP training.***

***The decision to cancel or continue with exams is not a simple one and it cannot be taken quickly or lightly without careful consideration of all the options.***

***The feedback we have received from trainees indicates no single approach which would work for everyone but please be assured that we have listened to all perspectives and understand the concerns raised.***

***We’re operating in a fast-moving and ever-changing environment, so here are the arrangements to get us through the next couple of months:***

***Recorded Consultation Assessment (RCA): The closing date for applications for January is today (8 January) and the January diet will go ahead as planned. While the mandatory requirements will remain in place, we recognise that there might be some challenges in meeting these and we will endeavour to take these into account when marking.***

***However, we would advise candidates that following the mandatory criteria remains the best way to demonstrates the skills needed to pass the exam. We will monitor the situation and government guidelines for the March diet.***

***Workplace Based Assessment (WPBA): As trainee supervision continues for now, currently there will be no change as a result of this lockdown. The new lighter touch WPBA requirements will remain in place.***

***Applied Knowledge Test (AKT):***

***• The January diet will go ahead for those who feel comfortable to attend a test centre. This is in line with the current Academy of Medical Royal Colleges’ position on exams and will be held under the current socially distanced procedures in place at Pearson Vue test centres.***

***• We advise all candidates who need only the AKT to CCT to discuss cancellation with your deanery before you do so.***

***• We are sorry that Shielding candidates will be unable to access this sitting and advise you to discuss this with your deanery.***

***• The College has asked Pearson Vue to arrange an AKT ‘contingency’ date and this is likely to be after March, given the likely length of lockdown. We will let you know as soon as this has been confirmed.***

***We have heard the challenge for online testing, but this is still a developing technology and we know from discussions with other Colleges that it is not without issues. Also, the lead-in time does not make it a viable option for this exam diet.***

***We understand the added pressure and anxiety that the current situation is causing and thank you for your patience and professionalism.***

***Thanks also for your significant contribution to general practice and the care of patients during the pandemic.***

***Very best wishes for the year ahead,***

***Michael***

***Dr Michael Mulholland***

***RCGP Vice Chair, Professional Development***

***Royal College of General Practitioners, 30 Euston Square, London NW1 2FB***

2) REDEPLOYMENT:

I know many of you are anxious at being redeployed. However, as GP trainees you do have a service element to the job and we do all want to support our hospital colleagues in this difficult time. You will remember we asked ALL GP trainees to do their RAG rating back at the end of 2020. Those that didn’t do this will automatically be rated Green. As mentioned below if RED RAG rated, this doesn’t mean you won’t be redeployed but will try and avoid as much as possible. All GP trainees in GP placements were automatically rated as RED but were still asked to do their individual RAG rating.

Redeployment is on named trainee basis and is with agreement of DME in your Trust, me as Head of School and our TV Postgraduate Dean.

3) We have also had an update from HEE nationally regarding VTS study days and rotations in February. These are currently continuing, especially to be able to offer pastoral support which will be much needed in these times. I also know many of you did the RAG rating that we asked you to do at the end of last year to facilitate appropriate redeployment. Please be aware a RED RAG rating does not mean you will not be redeployed, particularly if currently in hospital placement, but that it would be considered a last measure. The same goes for those RED RAG rated who are currently in GP placements.

Please also be aware the situation is rapidly changing, and Senior leaders are meeting regularly to review the below, if there are changes that will be made, I will of course inform you.

**HEE EDUCATION AND TRAINING GUIDANCE 7TH January 2021**

**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 was 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 below. 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**
* **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**

Dr Manjiri Bodhe

12 January 2021