

## Supporting pregnant trainees who are well to work and learn during the COVID-19 pandemic.

HEE has been contacted by pregnant trainees who wish to support the NHS COVID-19 response and ongoing care needs whilst also ensuring their own protection. This guidance relates to the limitations on pregnant doctors working in front-line patient contact roles. It does not cover any other aspect of the care and support of pregnant employees. All normal employment rights and practices should continue.

Guidance on COVID-19 in pregnancy is provided by the RCOG. In order to ensure the most up to date guidance is followed the link is provided below.

<https://www.rcog.org.uk/globalassets/documents/guidelines/coronavirus-covid-19-infection-in-pregnancy-v3-20-03-18.pdf>

In particular, the RCOG website states that, *“Pregnant women who can work from home should do so. If you can’t work from home, if you work in a public-facing role that can be modified appropriately to minimise your exposure, this should be considered and discussed with your occupational health team.”*

As pregnant Registrars (trainees) cannot see patients face to face, it is recommended that efforts are made to support home working subject to Occupational Health assessment, safety of the home environment, appropriate working area, provision of safe and secure technology, appropriate competence and supervision.

In GP placements such work may include telephone triage, telephone or digital consulting and clinical administrative tasks such as electronic prescriptions, investigation result handling and secondary care correspondence.

In secondary care placements such work may include telephone or video consulting for out patients or advice and clinical administrative tasks such as investigation result handling and correspondence. In addition where electronic patient records are available, their expertise could be utilised in such tasks such as electronic prescribing of TTO medications and completion of discharge documentation. Alternatively working in a safe part of the Trust with no direct patient contact such as clinical governance could be considered with appropriate similar assessments.

If the doctor concerned is a GP Specialty Registrar and the secondary care placement provider cannot accommodate them in the secondary care setting, then with the consent of the trainee and with all assessments and provisions above, the Primary Care Dean or designated deputy can facilitate temporary placement in Primary Care to support home working and ongoing training.

Educational Supervisors must ensure sufficient training for roles undertaken and clinical and educational supervision. It would also be appropriate for reflections on this activity to contribute to the Foundation or Specialty ePortfolio.

Similar principles might apply to trainees in self-isolation if otherwise well.