Advice for Trainees shielding at home, unable to be redeployed or work minimally supervised at home.

It is important to remember that all educational activities have ceased for all trainees currently and trainees are expected to dedicate their working hours to clinical work. We need to bear this in mind in when considering what is feasible for trainees to do whilst being shielded and the need to work from home. Some trainees being shielded at home will be able to work remotely, but play a full part in practice clinical workload. The following advice does not apply to them.

It may not be possible for trainers to give the supervision required for trainees to be able to make clinical management decisions and interact with patients from home. So the trainee and Clinical Supervisor need to think as broadly and as laterally as possible to find other ways without the need for patient contact or making clinical decisions that would help the Practice, for instance processing hospital letters, reviewing and summarising emails to help with the daily COVID19 updates, helping the Practice Manager, reviewing guidelines and updating protocols, doing quality improvement activities, doing administrative tasks if there are practice team members off sick. There is a lot of flexibility to think laterally about the work trainees can do to support the practice. Clinical Supervisors will be able to think what would be of benefit to the Practice and patient population that does not need trainees to have direct patient contact.

There is also an opportunity for trainees as adult learners, to identify knowledge gaps and learning needs and suggest ways these needs can be met. GP self test, Fourteen Fish resources, AKT preparation,  learning modules, NICE guidance, BNF chapters, are all areas of good learning. See AKT and CSA webpages on the GP school website for more information on learning resources..

Trainees at home due to non redeployment or shielding purposes, without clinical contact need to ensure they produce robust weekly timetables that detail the activities they are going to undertake including the time spent on each activity. Their working hours should remain the same. The timetable should have the same detail as their current timetable, including who is supervising for each session of work. It is expected that daily contact would be made between  trainee and the supervising GP. This needs to be timetabled on the weekly timetable.

Any changes to the trainee timetable must be approved by the employer HR as the trainee continues to be employed by them and are paid to work.

This should apply to a very small number of trainees. If it applies to your trainee, please add this to educator notes for consideration at the next ARCP, and notify myself.

Please contact myself [karen.bradley@hee.nhs.uk](mailto:karen.bradley@hee.nhs.uk) or Sandra Brinkley [Sandra.brinkley@hee.nhs.uk](mailto:Sandra.brinkley@hee.nhs.uk) if you need further advice. KB 3/4/20