

HEE-Wessex Support for Trainees Shielding due to Covid-19

It is estimated that approximately 1500 doctors in training in England may be 'shielding' or self-isolating during the Covid-19 pandemic, either as a result of pregnancy, their own health and/or that of other members of their household (shielding by proxy). This presents challenges for the system, and most importantly for the individuals affected; it is a time of particular anxiety over the health and welfare of themselves and of their loved ones, and also of great uncertainty and concern about their training and employment.

This document outlines the approach HEE will implement to ensure this group of trainees is supported during this challenging time. It will continue to be updated with further information as the situation develops and additional decisions are made.

NOTE: Following the recent government statement that shielding is to come to an end in August 2020, it should be noted that this will not automatically apply to medical trainees. The safe end of shielding relates to assumptions around community levels of infection of Covid-19; many healthcare professionals will be exposed to much higher rates of infection in their usual place of work. Therefore, the decision on the continuing shielding status of each trainee doctor should be made with the guidance of their employer's occupational health risk assessment and based on their individual personal circumstances.

The approach outlined in this document has three aims:

1. To ensure maximum support for the trainee during the time they are shielding
2. To optimise their education, training & development (including progression)
3. To reduce the impact of their return to training (on the doctor, on the service/workplace, and on the resources of HEE SuppoRTT programme)

The proposal is intended to utilise existing processes and pathways where appropriate, adapted and supplemented to meet the specific needs of these doctors. The Supported Return to Training (SuppoRTT) programme has been in place for the past 18 months and is now embedded in HEE business as usual. It is a nationally agreed process, locally delivered according to the needs of the local healthcare economy and the medical trainees within it and tailored individually to each returning doctor. It offers the appropriate framework to provide support to shielding trainees and meet the aims listed above.

Based on the existing SuppoRTT policy and process, it is recommended that the following three-phase model is offered to each shielding trainee in order to provide a bespoke programme of support to meet their individual needs and depending on the specific local healthcare and training environment:

1. Initial planning phase - to agree a Personal Development Plan (PDP) and complete 'Pre-absence' form/documentation with Educational Supervisor (ES) or other supervisor/educator/trainer
2. Shielding phase
3. Return phase – to complete 'Pre-return' form/documentation (including gap analysis)

Each of these is outlined in more detail below:

Initial planning phase and agreement of Personal Development Plan (PDP)

The trainee should be encouraged to meet (virtually) with the Educational Supervisor (or most appropriate other educator/trainer; for example, for a Foundation doctor this may be the trust Foundation Programme Director) as early as possible to discuss their needs (clinical, educational and wellbeing), agree a plan and complete the pre-absence form (or equivalent documentation).

It is recognised that many trainees will already have been shielding for several weeks. In these cases we recommend a meeting takes place as soon as possible to document what activities have been taking place to date and to incorporate any PDP which has already been drawn up. It should also be ensured that full consideration is given to any guidance/recommendations included in this document which have not already been covered, and that any additional resources required or activities which can be undertaken are identified.

The discussion should include specific areas of practice which the trainee can feasibly continue to perform while shielding and how (eg. Virtual MDT's, remote video/tele clinics) and identify areas which cannot practicably be undertaken during the shielding period. Any additional or alternative work (e.g. Covid-related projects, fellowship opportunities) can be explored. The discussion should also include 'future-scanning' of the curriculum and portfolio requirements to identify any areas which can appropriately be brought forward for the trainee to complete ahead of schedule. These may include for example preparation for and/or sitting exams, leadership capabilities, mandatory non-clinical courses and QI projects.

Once the trainee's needs and learning opportunities during the shielding period have been identified, a PDP should be agreed between the trainee and the supervisor. In addition to details of clinical and other activities to be undertaken it should also include any work based assessments (WBA's) or other assessments/sign offs which can reasonably be undertaken and how, to ensure competencies and capabilities achieved are appropriately evidenced and documented on the e-portfolio. The plan should also include details of appropriate activities to allow the trainee to where possible keep up to date in areas of practice, such as certain aspects of clinical work, that cannot feasibly be undertaken whilst shielding. This may include undertaking on-line clinical update courses (e.g. eLfH, BMJ Learning), accessing the [SupportTTT webinar series](#), attending virtual training days, personal study etc. The trainee should include regular reflective practice entries on e-portfolio throughout the shielding period.

The PDP and discussion should be documented on the SuppoRTT pre-absence form (or equivalent) and sent to the local office SuppoRTT team with copies to the Training Programme Director, Programme Manager and Director of Medical Education. A copy should also be included in the e-portfolio. It should be noted that details of health conditions should not be included on this form – it will suffice to document that the trainee is shielding or shielding by proxy and that appropriate risk assessment has been undertaken by occupational health (see notes below).

Shielding/self-isolation phase

Regular (virtual) meetings should take place between the trainee and the ES (and/or other/s as agreed e.g. clinical supervisor) – it is recommended that these take place approximately weekly.

The purpose of these meetings is to:

- Check-in with the trainee's progress and wellbeing
- Support the trainee's learning and development including sign-off of curriculum elements if needed
- Review and make changes to the PDP where appropriate
- These meetings should be documented on the e-portfolio.

Throughout this period it is important that discussions include planning and preparation for the trainee's return to training and what their specific needs may be.

Return phase

Once a provisional date has been agreed for the shielding/self-isolation phase to come to an end and for the trainee to return to the workplace and their usual full duties, a formal return to work plan should be drawn up. This should be documented on a [pre-return SuppoRTT form](#). A gap analysis should be performed and a detailed plan for the return agreed including provision for a phased return if required. It is essential that occupational health recommendations regarding shielding are followed and any specific guidance is observed. Depending on the trainee doctor's circumstances there may be a need for formal occupational health (OH) review. Likewise, if there has been any PSU/W involvement, liaison with relevant members of this team may be needed to ensure the doctor is fully supported to return safely to their normal duties, ensuring appropriate confidentiality.

In planning the return, consideration should be given to general advice and resources for all shielding and returning doctors, specialty related requirements and those specific to the individual doctor in conjunction with OH and PSW/U recommendations. Further details and resources to support this planning will be available on the relevant local office [SuppoRTT webpages](#) and via the national SuppoRTT for Shielding trainees website.

In addition to this 3-phase process, there are a number of other key issues which must be considered:

1. Database

A survey has recently been circulated to all trainees inviting them to declare if they are shielding/self-isolating and to engage with the SuppoRTT process. Each local office is recording all the information received from the survey and ensuring an accurate database is maintained of all those shielding and self-isolating. For practical purposes it is recommended that managing this within SuppoRTT is likely to be most appropriate

2. Sick leave periods while shielding

It is essential the all shielding trainees follow a clear process for reporting sickness absence for any episodes of sickness during the time they are shielding. It remains the trainee's responsibility (as an employee) to inform their HR department and follow any additional procedures required by their employing organization regarding the reporting and recording of sickness absence. This applies during the time they are shielding in the same way they would be required to do so if they were attending work in the usual way. If they do not formally report that they are on sick leave it will be assumed that other than the requirements of shielding, they remain well and are able to work within the restrictions imposed by their shielding/self-isolating status. In view of their circumstances, in addition to the usual reporting required by their employer, shielding trainees should also inform their Educational Supervisor, Training Programme Director, Director of Medical Education and local office training Programme Manager of the dates of any sick leave during the shielding period. It is essential that appropriate notification and recording of sickness absence takes place as outlined above to ensure the doctor is following employment procedures and is protected from inappropriate expectations in terms of delivering on their agreed PDP.

3. Occupational Health

All trainees needing to shield or undertaking self-isolation for whatever reason must undergo a risk assessment by their Trust OH Dept. Where appropriate and necessary liaison with OH is required when agreeing their PDP and any OH recommendations regarding the nature, timing and any adjustments required must be adhered to. This includes trainees whose ethnic origin puts them at increased risk, such as BAME doctors, who should also undergo similar risk assessment as indicated in recently released guidance.

4. Professional wellbeing and support

Where appropriate and when the trainee requires or already has involvement with the PSW/U, there should be close liaison at all stages of the process with observance of confidentiality requirements.

5. Wellbeing

All shielding trainees should be made aware of and encouraged to access resources to support their wellbeing. These include those being offered at trust, HEE-local office (including via PSU/W) and national level and include both face to face and remote (including on-line, phone) resources. Some of these have been developed specifically for Covid-related support, others are more generic. In addition some resources are being developed specifically to address the particular concerns faced by shielding trainees (e.g. guilt, anxiety and uncertainty regarding health, training; work-life balance etc.).

6. Coaching

It is recommended that coaching be offered to all shielding trainees if they are not already receiving this. It may be provided by the SuppoRTT and/or professional support teams and/or others depending on local arrangements.

7. Peer support

Work on this is being done by the S-STAG (see below)

Examples include:

Social media – virtual peer group

Buddying-up with colleague working in clinical setting – to share tasks etc.

8. SuppoRTT - Shielding Trainees Advisory Group (S-STAG)

A group has been convened with representatives of doctors who are shielding/self-isolating and being led by National SuppoRTT Fellows. The group will advise on resources and other provision.

Further useful information is available at:

HEE Supported Return to Training:

https://healtheducationyh.onlinesurveys.ac.uk/covid-19-return-to-training-form_wxtv

COPMED:

<https://www.copmed.org.uk/publications/covid-20>

Advice for NHS Employers:

<https://www.hilldickinson.com/insights/articles/podcast-covid-19-%E2%80%93-advice-nhs-employers>

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On behalf of the HEE National SuppoRTT Programme