## AoMRC Trainee Doctors' Group

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## Plans regarding trainee redeployment during the COVID-19 pandemic

A position statement from the Academy Trainee Doctors' Group

Trainees recognise the need to be supportive, adaptive and reactive in the difficult and evolving environment of the COVID-19 pandemic.

It is essential that the individual skills and specialisms of trainees are recognised and utilised appropriately at this very challenging time. In usual circumstances trainees are expected to be working 'at the top of their licence' but in this unprecedented situation we recognise this isn't feasible — instead trainees are being asked to work in a way that utilises as many of their skills as possible. This may be outside their area of comfort but should remain within their competency and appropriate supervision should be provided. Additionally access to training and resources to support this should be optimised. Therefore,

- Wherever possible, trainees should be working within their existing specialty/skill set in an acute setting
- When working in any setting outside documented competencies or recognised roles, appropriate standardised training must be delivered and supervision clarified, before any patient care is given
- Not all skills/competencies are transferable or upskillable. All trainees, of all levels, should not be 'pooled', rather utilised in a phased (Consolidate, Mobilise, Repurpose & Redeploy) and stratified manner, recognising different skill sets, experience and utility for the NHS
- Welfare and wellness issues must be anticipated, planned for and mitigated where possible.
   Caring for our colleagues is as important as caring for our patients.

Figure 1 - Phases of redeployment

## Phase 1 Consolidate Production of contingency rotas, training and upskilling staff Phase 2 Mobilise Junior doctor workforce to support critical care. Acute medical and emergency department Phase 3 Repurpose / redeploy Consultants continue to do specialty specific work with all trainee doctors redeployed

Rather than considering trainees en bloc or based solely on current specialty, that it would be far better to identify suitable roles to move trainees into that are based on their actual skills [Figure 2].

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Figure 2 - Skills based stratification



For further information on the phases of redeployment in relation to doctors in training please see the extended ATDG statement.

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Dr Anna Olsson-Brown Chair, Academy Trainee Doctors' Group

This guidance should be read in conjunction with the NHS Document  $\underline{\text{Redeploying your secondary care medical workforce safely}}$