

Redeployment Guidance

Health Education England working across Yorkshire and the Humber

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Document Status

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This document is not intended to be interpreted as a policy statement. This is a local guidance document for medical and dental trainees, HEE faculty and staff.

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1. Introduction

1.1. Overview

NHS services in the Health Education Yorkshire and Humber area can face year round pressures, particularly in Acute/Emergency departments. Winter pressures and the Covid-19 pandemic have resulted in many Trusts across the country having to cancel scheduled care and divert bed and staff capacity.

1.2. The purpose of this guidance

The purpose of this document is to clearly outline to NHS Trusts as Local Education Providers (LEPs) HEE YH's process when contemplating redeployment of doctors and dentists in training during increased service pressures, including Covid-19 pandemic surges and winter pressures.

1.3. Trainees are covered by this guidance

This guidance applies to all Dental Specialty trainees as defined within the Dental Gold Guide.

This guidance applies to all medical doctors appointed to General Medical Council (GMC) approved Specialty training programmes and includes:

- Foundation doctors;
- Core trainees;
- Higher trainees;
- GP Specialty trainees;
- Specialty trainees appointed to Run through Specialty programmes;
- Trainees appointed to higher and run through Specialty programmes who are OOP with the permission of the PGD;
- Clinical Academics appointed to higher and run through Specialty programmes (e.g. Academic Clinical Fellowships and Clinical Lectureships on these Specialty Programmes);
- Public health trainees with backgrounds other than Medicine.

1.4. Equality and Diversity

HEE YH is committed to ensuring that the principles of equality and diversity are always applied in the delivery of education and training. This guidance is based upon the principles of natural justice, fairness, equality, and reasonableness, as supported by legislation, and should be applied with those principles in mind.

2. Redeployment Arrangements

2.1. Overview

During times of increased service pressures, Trusts may look to redeploy staff to manage increased activity levels and patient care. In the case of doctors and dentists in training, this may be out with their normal training specialty/unit depending on the nature of the patient care requirements.

Redeploying trainees for short periods up to 72 hours will not normally compromise their training progression. For periods over 2 weeks, the Postgraduate Dean is required by the regulator (GMC or GDC) to review whether overall training time needs to be extended.

Redeployment of doctors and dentists in training from Primary Care, Psychiatry or Academic rotations will only be considered in exceptional circumstances and must be approved by the Postgraduate Dean. Doctors and dentists in training should only be moved after redeployment of existing consultants and trained staff has been exhausted. Approval is not required for doctors and dentists who are not on a HEE-sponsored training programme (e.g. Trust-grade or SAS roles).

It is essential that trainees continue to train and have appropriate education and clinical supervision in place. Trusts must ensure that there are sufficient levels of increased activity which necessitate the need for redeployment before considering moving trainees.

It is imperative that trainees are consulted and agree with any changes to their working practices at the earliest opportunity.

To ensure that quality assurance continues, a process has been developed to capture any changes trusts are planning, to ensure there is appropriate governance in place and capture any concerns or conditions. Trusts must ensure that Postgraduate School approval has been sought and confirmed before redeploying any doctors and dentists in training.

2.2. Responsibilities

It is the overriding purpose of a Trust to serve the needs of its patient population safely and effectively.

All doctors and dentists have a professional duty to help patients in need and there is an expectation therefore that trainees assist Trusts to meet exceptional services demand.

The Trust also has a responsibility as a Local Education Provider to provide a suitable and safe environment to enable training progression.

The Postgraduate Dean remains the Responsible Officer for doctors and dentists in training. Curriculum requirements remain the same despite extraordinary circumstances.

2.3 Key Principles

The following principles should be followed:

- When a Trust believes their circumstances to be exceptional and that trainees need to be reassigned to a different Specialty, this must have the **prior** agreement of the Postgraduate Dean or assigned deputy. The process outlined in Appendix A must be followed to ensure that requests are considered fully, which includes the review of plans and timescales. Additionally, records will be maintained by HEE.
- The level of exceptionality for redeployment would normally be the equivalent to a Major Incident. Whilst the declaration of a Major Incident would justify the reassignment of staff in the Trust to respond to the situation, the Trust needs to have a proactive definition of 'exceptional circumstances' which would justify redeployment of trainees to prevent escalation to a Major Incident. Without this definition there is a risk of redeployment becoming 'normalised'.

- Redeployment should be for as short a time as possible, and not for more than 72 hours without further daily agreement.
- The impact on an individual trainee's health and wellbeing should be taken into consideration before confirming redeployment
- Attendance and participation at local and regional teaching events (including School-led teaching programmes) will need to be considered on an individual basis and following the same principles.
- Rather than redeploying staff on the basis of which group are most readily available, the Trust must proactively identify which staff groups would have the appropriate skills and experience for different contexts. For example, Surgical trainees whose lists have been cancelled are not necessarily the appropriate group to redeploy on the Emergency Medicine department but might more usefully work on the wards to supervise earlier discharge of post-surgical patients.
- Redeployed trainees must be fully supervised, either directly or have access to a more senior clinician and must only be asked to work within their competence.
- Trainees must not be expected to work longer than is acceptable within Working Time Regulations.
- Wherever and whenever trainees are redeployed, there is always the opportunity for them to learn from the experience. Directors of (Medical) Education could usefully produce some educational outcomes for trainees in the event of such incidents, which might range from involvement in planning at senior management level to reviewing different clinical experience.
- The Trust must act after the period of redeployment to ensure fulfilment of the required curriculum (e.g. access to surgical lists if they were cancelled).
- It is particularly important that trainees who received an outcome 10.1 at their most recent ARCP are **not** redeployed unless absolutely essential, because they will be at high risk of requiring extensions to their training. Trainees who received an outcome 3 or 10.2 at their most recent ARCP should not be redeployed, as they are at high risk of requiring further extensions to their training if they are unable to continue in their current, educationally tailored placement.

2.4 Management of Redeployment

The following process must be followed when the redeployment of trainees is considered due to service pressures:

- The HEE YH Redeployment Team will support the response and forwarding of redeployment plans relating to service pressures (including Covid-19 surges and winter pressures).
- Schools must deal with and escalate requests in a timely manner.
- Queries arising from communications will be managed at School-level where possible, reducing wider system volume and resolving queries at source as much as possible.

- Redeployment plans and School responses will be collated by the HEE YH Redeployment Team.

3. Equality Impact Assessment (EIA)

Under the Equality Act, the need for public bodies in England to undertake or publish an equality impact assessment of their policies, practices and decisions was removed in April 2011 when the 'single equality duty' was introduced. Public bodies must still give "due regard" to the need to avoid discrimination and promote equality of opportunity for all protected groups when making policy decisions and are required to publish information showing how they are complying with this duty.

4. Monitoring Compliance and Effectiveness

This Operational Guidance will be reviewed in accordance with updated or new guidance published by Health Education England and any other organisation as applicable. New iterations of this guidance will be ratified by the Postgraduate Dean's Senior Team within HEE YH.

5. Appendices

Appendix 1: Redeployment Plan Transfer of Information Process

Directors of Medical Education

- DMEs (or their nominated representative) are responsible for the communication between their Trust and HEE with regard to any redeployment.
- DMEs should email all plans directly to redeployment.yh@hee.nhs.uk including trainee forename and surname, current level, GMC number, current specialty, proposed specialty, current location and proposed location.

Foundation Trainee proposed redeployment

When redeployment for Foundation doctors is proposed and accepted, the following must also be provided by the Trust:

- A new induction to the temporary placement.
- Appropriate clinical supervision arrangements are in place and named clinical supervisor provided on return.
- The proposed redeployment has been agreed by all parties, including with GP Clinical Supervisor or Mental Health Trust if trainee to be moved is on placement out with the Acute Trust.

School Responses

- HEE Deans will review plans to check for any quality, training, or patient safety concerns.
- When approved, the HEE Redeployment Team will communicate with the DME to confirm planned redeployment and retain a record.
- If there are concerns:
 - Deputy Dean/Associate Dean to communicate with the DME and inform the Redeployment Team
 - If concerns are dealt with through mitigation, Redeployment Team to be included in the response for inclusion on the log
- If redeployment is not supported at all by the School, this is to be communicated to the relevant DME(s) and the Redeployment Team will be copied in for recording purposes.
- Any concerns which cannot be dealt with by School level may be escalated to the Postgraduate Dean. The Redeployment Team will be copied in to any action taken by the Postgraduate Dean to ensure inclusion on the redeployment log.

HEE YH Redeployment Team Process

The Team will:

- Check redeployment inbox twice daily (Mon-Fri) at 9am and 4.30pm for any communications.
- Acknowledge receipt of plan.
- Forward to relevant Deputy Dean and Head of School via the MS Teams channel.
- Collate responses.
- Maintain comprehensive records which will be shared with the Postgraduate Dean, Business Managers and DMT on a weekly basis. This includes nil returns.

Appendix 2: Contacts within HEE YH

Postgraduate Dean	Jon Cooper – Local Postgraduate Dean PostgraduateDeansOfficer.yh@hee.nhs.uk
Deputy Deans	<p>Fiona Bishop – Deputy Dean Foundation, Paediatrics, Psychiatry fiona.bishop@hee.nhs.uk</p> <p>Jon Hossain – Deputy Dean Academic, Medicine, Public Health jon.hossain@hee.nhs.uk</p> <p>Sarah Kaufmann – Deputy Dean Ophthalmology, Pathology, Surgery sarah.kaufmann@hee.nhs.uk</p> <p>Willy Pillay – Deputy Dean Anaesthetics, Emergency Medicine and ACCS, Obstetrics and Gynaecology, Radiology willy.pillay@hee.nhs.uk</p>
Primary Care	<p>Prof Dom Patterson – Primary Care Dean dominic.patterson@hee.nhs.uk</p> <p>Caroline Mills – Head of School caroline.mills@hee.nhs.uk</p>
Dental	James Spencer – Dental Postgraduate Dean james.spencer@hee.nhs.uk
Business Managers	<p>Becky Travis Head of Training Programme Management YH Becky.Travis@hee.nhs.uk</p> <p>Jane Burnett Medicine, Psychiatry, Public Health jane.burnett@hee.nhs.uk</p> <p>Katie Cobb Paediatrics katie.cobb@hee.nhs.uk</p> <p>Emma James Obstetrics and Gynaecology, Pathology, Radiology, Surgery emma.james@hee.nhs.uk</p> <p>Calum Smith Primary Care calum.smith@hee.nhs.uk</p> <p>Nick Sowerby Academic, Anaesthetics, Dentistry, Emergency Medicine and ACCS, Foundation, Ophthalmology</p>

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