

Redeployment Guidance

Yorkshire and the Humber Deanery

Workforce Training and Education, Yorkshire and Humber, NHS England





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Document Status

This is a controlled document. Whilst this document may be printed, the electronic version posted on the SharePoint site is the controlled copy. Any printed copies of this document are not controlled.

This document is not intended to be interpreted as a policy statement. This is a local guidance document for faculty and staff in the Yorkshire and Humber Deanery to enable consistency of application; it is recognised there may be exceptional circumstances when deviation from this guidance may be required.



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1. Introduction

1.1 Overview

NHS services in the Yorkshire and the Humber (YH) 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, divert bed, and staff capacity. This has been further compounded by the impact of industrial action.

While maintaining services and providing training can feel like competing pressures, in the interests of ensuring the progression of doctors in training through to the substantive workforce, it is important for Local Education Providers (LEPs) to work with NHS England's Workforce Training and Education Directorate (formerly Health Education England) Yorkshire and the Humber's (here on known as 'the Deanery') to maintain training.

1.2 The purpose of this guidance

The purpose of this document is to clearly outline to NHS Trusts as Local Education Providers (LEPs) the Yorkshire and Humber Deanery process when contemplating redeployment of postgraduate doctors and dentists in training during increased service pressures, which includes winter pressures.

1.3 Postgraduate Doctors and Dentists in training covered by this guidance

This guidance applies to all Dental Core and Specialty Dentists 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.
- Core.
- Higher.
- GP Specialty.
- Specialty – appointed to Run Through Specialty programmes.
- Doctors 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 with backgrounds other than Medicine.



1.4 Equality and Diversity

Yorkshire and the Humber Deanery 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, providers 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.

Redeployment lasting more than seven calendar days will normally be reviewed every 48 hours; the Postgraduate Dean or nominated deputy is required by the regulator (GMC) to review whether overall training time needs to be extended.

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

It is imperative that doctors and dentists in training are consulted and agree with changes to their working practices at the earliest opportunity.

To ensure that quality assurance continues, a process has been developed to capture any changes providers are planning. This ensures appropriate governance and captures any concerns or conditions. Providers must ensure that approval from the Postgraduate Dean or nominated deputy has been sought and confirmed before redeploying any doctors or dentists in training.

2.2 Responsibilities

It is the overriding purpose of a training provider to serve the needs of its patient population safely and effectively. Providers are also responsible for ensuring and delivering a suitable and safe environment to enable training progression.

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

Within providers, the Director of Medical Education and Specialty College Tutor should be consulted on all potential redeployments prior to seeking approval from the Deanery. For Foundation doctors, the Foundation Programme Director should be included.



The Postgraduate Dean or nominated deputy 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 provider believes their circumstances to be exceptional and that doctors or dentists in training need to be reassigned to a different Specialty, this must have the **prior** agreement of the Postgraduate Dean or nominated deputy or assigned deputy. The process outlined in Appendix 1 must be followed to ensure that requests are considered fully, which includes the review of plans and timescales. Additionally, the Deanery will maintain records.
- 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 provider to respond to the situation, the provider 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'.
- 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 based on which group are most readily available, the provider must proactively identify which staff groups would have the appropriate skills and experience for different contexts. For example, postgraduate doctors in surgical specialties, whose lists have been cancelled are not necessarily the appropriate group to redeploy in the Emergency Medicine department but might more usefully work on the wards to supervise earlier discharge of post-surgical patients.
- Redeployed doctors and dentists in training must have appropriate level of supervision related to level of training.
- Doctors and dentists in training must not breach Working Time Regulations.
- Doctors and dentists in training will not normally be redeployed back into secondary care from Mental Health Trusts, Primary Care or academic programmes. This will only be considered in exceptional circumstances and must be approved by the Postgraduate Dean or nominated deputy.
- Annual leave and study leave should continue to be taken.
- Wherever and whenever doctors and dentists in training 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 doctors and



dentists in training in the event of such incidents, which might range from involvement in planning at senior management level to reviewing different clinical experience.

- The provider must act after the period of redeployment to ensure fulfilment of the required curriculum (e.g. access to surgical lists if they were cancelled).

The following groups should **not** be redeployed:

- Foundation Year 1 doctors, recognising that these posts are super-numerary and are pre-registration roles.
- Doctors and dentists in training currently identified as needing extensions to training or having additional training needs (usually on a current ARCP outcome 3) 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.
- Doctors and dentists in training on an ARCP outcome 2 should not be redeployed, if at all possible, due to risk of requiring an extension to their training if they are unable to continue in their current, educationally tailored placement.
- Doctors and dentists in training in 'high risk' specialties are not redeployed if their specialty workload is continuing (e.g., operating / diagnostic lists).
- Doctors and dentists in training in the last year of a programme where a redeployment would likely impact completion and progression.
- (As previously stated,) postgraduate doctors in training will not be redeployed back to secondary care from Mental Health Trusts, Primary Care or academic programmes.

2.4 Management of Redeployment

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

- The Deanery team will support the response and forwarding of redeployment plans relating to service pressures (including winter pressures and for other events similar to Covid-19).
- 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 usually be collated by the Deanery Portfolio Management Office.

2.5 Contacts within Yorkshire and the Humber Deanery

<p>Deanery Portfolio Management Office: england.postgraduatedeansoffice.yh@nhs.net</p> <p>Should any individual be on leave, please redirect your email to the contact above.</p>	
Specialty Training Programmes	<p>Willy Pillay – Deputy Dean willy.pillay@nhs.net</p> <p>Nick Sowerby – Senior Business Manager nick.sowerby@nhs.net</p>
Primary Care	<p>Caroline Mills – Primary Care Dean and Deputy Postgraduate Dean or nominated deputy caroline.mills24@nhs.net</p> <p>Calum Smith – Business Manager calum.smith5@nhs.net</p>
Dentistry	<p>James Spencer – Dental Postgraduate Dean or nominated deputy james.spencer11@nhs.net</p> <p>Hannah Glew – Dentistry Programme Support Manager hannah.glew@nhs.net</p>
Foundation	<p>Umakanth Kempanna - Foundation School Director/ Deputy Dean umakanth.kempanna1@nhs.net</p> <p>Sue Reid – Foundation Programme Support Manager sue.reid6@nhs.net</p>



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 the Deanery and any other organisation as applicable. New iterations of this guidance will be ratified by the Postgraduate Dean or nominated deputy's Senior Team within the Deanery

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 the Deanery regarding any redeployment.
- DMEs should email all plans directly to england.postgraduatedeansoffice.yh@nhs.net including trainee forename and surname, current level, GMC number, current specialty, proposed specialty, current location and proposed location.

Foundation doctor 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.
- All parties have agreed the proposed redeployment, including with GP Clinical Supervisor or Mental Health Trust in the exceptional occasions when a trainee is to be moved to a placement in an Acute Trust.

School Responses



- The Deanery will review plans to check for any quality, training, or patient safety concerns.
- When approved, the Deanery Portfolio Management Office 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 Deanery Portfolio Management Office.
 - If concerns are dealt with through mitigation, the Deanery Portfolio Management Office 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 Deanery Portfolio Management Office will be copied in for recording purposes.
- Any concerns which cannot be dealt with by School level may be escalated to the Postgraduate Dean or nominated deputy. The Deanery Portfolio Management Office will be copied into any action taken by the Postgraduate Dean or nominated deputy to ensure inclusion on the redeployment log.

Deanery Portfolio Management Office 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 or nominated deputy, Business Managers and DMT on a weekly basis. This includes nil returns.