Shielding – what training may someone who is shielding do?

**Background**

The RCGP has already issued guidance and support on how trainees can complete all three components of the MRCGP Tripos.

For guidance on the **AKT** please see the relevant sections on the AKT COVID-19 related FAQs: [https://www.rcgp.org.uk/training-exams/mrcgp-exam-overview/mrcgp-applied-knowledge-test-akt.aspx](https://www.rcgp.org.uk/training-exams/mrcgp-exam-overview/mrcgp-applied-knowledge-test-akt.aspx)

For guidance on the **RCA** see the relevant sections on the Recorded Consultation assessment FAQs: [https://www.rcgp.org.uk/training-exams/mrcgp-exam-overview/mrcgp-recorded-consultation-assessment.aspx](https://www.rcgp.org.uk/training-exams/mrcgp-exam-overview/mrcgp-recorded-consultation-assessment.aspx)


The purpose of this paper is to promote discussion and agree a common policy regarding how to manage trainees who are shielding for prolonged periods of time, and others who have been unable to undertake any training as a result of the COVID pandemic.

**HEE** updated their Cross-Speciality guidance for trainees in November 2020¹. The direction of travel in this guidance is similar to that in the 4 nations. This document is available at [https://www.hee.nhs.uk/specialty-trainees](https://www.hee.nhs.uk/specialty-trainees) in the section "Other Covid Guidance / Guidance for shielding trainees - 30 November 2020". The document provides detailed advice re process, support and advice re return to work when a trainee been shielding which is contextualised rather than repeated in this document. We are grateful for Professor Corne’s permission to use his document as a framework that underpins this document Any proposals in this document which go beyond those recommendations or the already published guidance for GP appears in italics in this document.

General Practice has been very responsive to new ways of working during the Covid pandemic and as well as remote consultations, remote supervision for trainees who have been shielding has been rapidly adopted by Educational Supervisors. This paper aims to collate current guidance, to amplify the cross-speciality guidance in the context of General Practice and discuss if this proposal is acceptable across the four nations. Examples of how different assessments may be met remotely are also included. The more complex issue is for trainees’ secondary care placements. However, with the UK’s departure from the EEA, it is likely that

¹ Updated Guidance for managing postgraduate medical trainees whose clinical activity has significantly been altered by Covid-19 Jonathon Corne 10/11/2020
the EU Directive will no longer apply. This will be confirmed by the GMC who are seeking legal advice. Until this position is confirmed the status of the EU Directive remains. If the legal position confirms that the EU Directive no longer applies, the minimum training duration will no longer be dictated by legislation. The guidance for CCT has been reviewed and drafted to reflect this.\(^2\) This change means we will be able to apply:

- greater flexibility in construction of training programmes
- no minimum time required in specialty posts, other than General Practice
- more time in General Practice posts
- competence and capability rather than time for CCT

**Trainees Currently Displaced**

Trainees shielding (and other Covid-displaced trainees) are not classed as on sick leave and may still be able to undertake work and complete their GP training requirements.

For the purpose of this document trainees who are displaced includes all those trainees who are clinically extremely vulnerable and have needed to shield due to their own health conditions, those who are clinically vulnerable as per the COVID prediction model [www.phc.ox.ac.uk/covid-risk-prediction](http://www.phc.ox.ac.uk/covid-risk-prediction) which includes BME individuals, pregnant women and staff who have health conditions that fall outside of the clinically extremely vulnerable groups and other trainees who have been displaced from normal clinical activity. This would include, for example, trainees that rely on lip reading to communicate or trainees who live with clinically vulnerable people, for whom the risk of contact with Covid outweighs any risk to their training.

**Key Processes to facilitate the Education of Shielding GP Trainees.**

1. The decision as to whether the trainee remains out of their normal clinical environment will be made by the employer in discussion with the trainee (specifically, the decision to offer shielding is an employment one guided by occupational health and government guidance).

2. Whereas it is likely that most trainees will be displaced for a period of a few months it is possible that some trainees e.g. those undergoing active treatments that impact on immune function, may be shielding for considerably longer. In these cases, the Gold Guide recommendation, (GG8:1.15), which states that it is for 2 years maximum before their PGD assesses whether to continue holding their NTN or to remove it, should be followed.

3. All regions should ensure robust log is kept of all displaced trainees, with the reasons for displacement. This information should be collated nationally to determine whether any adjustments could be made for specific groups of displaced trainees.

4. All regions should ensure that displaced trainees have regular reviews documented to cover circumstances, support needs and training / employment options.

\(^2\) Guidance on The Content of Specialty Training Programmes in General Practice Intended to Lead to The Award of a CCT add hyperlink
5. Having to stay away from the clinical environment is very isolating and, in conjunction with the distress caused by interruption in the training, may lead to significant well-being problems. Local offices will need to develop policies for regular pastoral support for trainees, either through the regular Educational Supervision or through additional routes. Educational Supervisors may require upskilling/guidance in the detection and initial management of well-being issues in shielding trainees. All Professional Support Unit teams should be aware of specific resources available for displaced trainees. These resources address some of the unique issues faced by shielding trainees such as guilt and anxiety.

6. For GP Trainees who are shielding, a review by a named TPD every 3/12 should occur to minimise the trainee’s feeling of isolation and ensure that the trainee is well supported. The purpose of the meeting is twofold, for emotional and wellbeing support and educational. Having educational triangulation with the Educational Supervisor (E.S.) is also important. Educational progress should be reviewed including the PDP formulated with ES, and a plan should be made to address any deficits in training caused by shielding.

7. Coaching or appropriate support should be made available to all displaced trainees, through their local Support mechanisms for example the PS Units

8. Displaced trainees should be able to acquire competencies through non-clinical work such as quality improvement projects, educational projects and leadership and management work. The Deanery may have a pan-specialty simulation lead who should be approached to see if it is possible for trainees to gain some examination skills via simulation if risk assessment allows.

9. Many capabilities can be gained through virtual clinics. The extra IT and remote communication skills needed will become increasingly appropriate as such clinics become a standard part of clinical practice. There are a number of training modules on virtual clinical activity already available and these, as well as examples of best practice, should be made available to both trainees and their supervisors. Educational and Clinical supervisors should ensure that the trainee is able to fully take up the opportunities for virtual work. It is recognised that working remotely may also create extra pressure of time for example or need new ways of working needed for administration tasks such as dictating referral letters or managing reports, generating lists for audits etc. Generating solutions needs to be part of the educational conversation.

10. Much of general practice is currently being undertaken remotely. Trainees who are vulnerable and shielding should be prioritised for access to IT equipment to be able them to continue consulting with patients, where possible, with remote supervision from their CS or ES. If this is not possible then they should contact their ES and/or TPD who can escalate this further.

All the GP curriculum except for examination skills can be delivered and assessed remotely with the proper prior planning of remote consultations and assessments and the facilitation of trainees’ attendance at practice educational events on Teams or equivalent so that they can participate, present Audits / learning events etc. See section on WPBA for more details. At the moment, CEPs can be signed off using compensatory evidence³.

"Clinical Examination Procedures and Skills (CEPS) Clinical Examination Skills are a key skill for any GP. Whilst there is less opportunity to demonstrate these skills by undertaking the full range of both mandatory and other CEPs due to the change in balance of face to face consultations and remote consultations, the requirement to meet this capability is mandated by the GMC. With regard to trainees who are shielding and approaching their final ARCP but whom have not completed the CEPS requirements then two options exist, of which the first is preferred: 1. Evidence of having undertaken the examination earlier in training provided by a senior clinician of the post they were working in at the time or recorded in a log entry followed by a step by step explanation to their current ES at their ESR on how they would normally conduct such an examination. 2. Consideration by the assessor as to whether the Guidance already given for trainees with a disability includes the trainee being assessed. That guidance states: "...For example, one possible approach might be that a trainee who cannot physically carry out an examination refers the patient to a colleague to carry it out. In a training context, to satisfy the CEPS requirement, the observer (who could be the person who performs the examination) should document on the assessment form the part of the CEPS they did observe, and document why it was necessary for the examination to be done in this way"

By the time a CCT is awarded there must be evidence or agreed compensatory evidence of equivalence for all the curriculum requirements necessary to achieve the CCT. Clinical examination skills are a key skill for GPs. Where a trainee has not been able to provide adequate compensatory evidence with regards to CEPS, the standards for CCT will therefore not have been met. The trainee will be unable to CCT.

11. A PDP should be agreed between the trainee and educational supervisor that reflects the clinical and non-clinical training opportunities available.

12. Trainees who are shielding need to continue with remote high quality Clinical Supervision. GP Schools should take a lead in quality assurance of this supervision. The ePortfolio should continue to be completed and will be the record of competencies gained during this period. Statutory Education Bodies / their GP schools need to work with Trusts and Primary Care to ensure that trainees are provided by their place of work with the equipment needed to undertake virtual clinical work safely, and in a manner compatible with their training needs.

Where it is not possible to work remotely in secondary care post consideration should be made of moving to primary care.

13. Trainees remain on training programmes so will be subject to an ARCP. The ‘no fault’ Covid 10.1 and 10.2 outcomes are likely to be appropriate for many displaced trainees, though some may still gain an outcome 1, and other, non-standard outcomes may be appropriate in individual cases.

14. GP ARCP panels have been signposted to the following in the RCGP/ COGPED ARCP FAQs and WBPA guidance January 21:

a. Trainees should be supported to provide the evidence required for WPBA in order to CCT and it is recognised that this may well mean that more evidence must be uploaded in subsequent posts. If there are “gaps” in the evidence uploaded in the

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Portfolio, then ARCP panels will take into account documented evidence of workload pressures and COVID-19 impact when reaching their conclusions, provided either the required amount of evidence is present (including Learning Logs) or a plan as to how it will be provided in a subsequent post.

b. Any requirement for this should be clearly signaled on the ARCP form. It is important that any discussions with trainees are documented in Educators Notes as information for panels.

c. Q12: My Trainee has been working remotely and wants to know if it can count towards training? A: Yes – provided there is evidence of clinical or non-clinical work being undertaken, linked to the current workplace as well as continued engagement with the Portfolio and bone fide evidence of studying and learning during that time which is linked to the 13 capabilities.

d. Q13: My Trainee had a period when they were unable to work and wants to know if it can count towards training? A: Periods when trainees are unable to work for logistical reasons (e.g. awaiting the IT to enable working from home) are generally counted as either in programme (if there is evidence of non-clinical work being undertaken, continued engagement with the Portfolio and bone fide evidence of studying and learning during that time) or Special Leave if there was none. Special leave would not normally count towards training time.

e. Q16: The trainee under review has been re-deployed or their job has been altered because they were shielding at home because of COVID-19 – do they count towards training? A: If the ARCP panel felt there was evidence of the trainee developing capabilities against curriculum requirements, these posts should count towards training.

15. Gaining missing capabilities: For trainees who are shielding early in their training program, it would be reasonable to assume that capabilities could be made up in their time remaining.

16. Consideration will need to be given to trainees who are due to rotate whilst displaced. Although 4 nations guidance is that Rotations Continue during the pandemic, for shielding trainees changing work environments whilst displaced will be particularly difficult, leading to problems with induction and familiarity with a new work environment whilst working virtually. Most displaced trainees are likely to be best served by remaining within their current posts, though exceptionally a trainee may benefit from by moving to another post. This should be dealt with by local offices on a case by case basis and in consultation with...
the employer, with consideration given both to the experience the trainee is currently getting whilst training and the opportunities offered by the new post.

17. Employment Issues: Extensive guidance, in each of the 4 nations, has been given for Trainees and their Educators to follow regarding issues such as returning to work after prolonged periods of training, pregnancy etc e.g. 6.

18. Career Decisions. Many trainees in this situation will face uncertainty about current career choices. It is important to give trainees the space to discuss these uncertainties without seeming to apply any pressure to make premature decisions. Any trainee who wishes to explore a career change should be supported in doing so and it should be made clear that taking this action does not prejudice their future in their current specialty.

Detailed and documented discussions should be held with trainees whose displacement is prolonged by senior members of the educational faculty e.g. TPD, Head of School, APD, Assistant GP Directors at six-monthly intervals.

19. Confidence vs Competence: Trainees have asked if they may request voluntary extensions when they have been shielding for prolonged periods of time and do not feel confident to start practice despite having met all the requirements for CCT. Support should be accessed via to the early years support available in different forms in the 4 nations e.g. mentoring or new to practice support etc

**Work Place Based Assessments**

Most of Work Place Based Assessments may be carried out via remote access. Some modifications have been made during the pandemic e.g. the requirements for BLS / AED as illustrated below. Acquiring and demonstrating Clinical Examination and Procedural Skills is however the biggest challenge:

<table>
<thead>
<tr>
<th>CEPS</th>
<th>This is the major area which will need to be addressed for trainees who have prolonged training and may need intense support when shielding over or use of simulation. Trainees are reminded of the need to address all the WPBA requirements for CEPS by CCT7</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPR &amp; AED Use (BLS)</td>
<td>Online modules are acceptable, but will need pdp to complete face to face when can</td>
</tr>
<tr>
<td>Child and Adult Safeguarding</td>
<td>Can do online modules and trainee can attend practice safeguarding meeting via teams for example</td>
</tr>
</tbody>
</table>

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6 Updated Guidance for managing postgraduate medical trainees whose clinical activity has significantly been altered by Covid-19 Jonathon Corne 10/11/2020
7 [https://www.rcgp.org.uk/training-exams/training/new-wpba/ceps.aspx](https://www.rcgp.org.uk/training-exams/training/new-wpba/ceps.aspx)