Redeployment of Foundation Trainees during the Covid-19 pandemic

Background

COVID-19, and the national measures announced to delay the spread of the epidemic have had an impact on trainees, trainers and the management and delivery of training. This paper is intended to summarise the process and impact of redeployment of Foundation Trainees (FY trainees) from their posts in mental health trusts to acute trusts to meet the anticipated increased demand as a result of the pandemic.

All Foundation Schools in the UK were contacted by the RCPsych to request information about how many FY trainees had been redeployed and what proportion were F1/ F2. In areas where we had little or no response we also contacted Heads of Psychiatry Schools to request information. In some cases, the RCPsych was contacted directly by Directors of Medical Education for mental health trusts or Foundation Training Programme Directors to express concerns about potentially unsafe practice in redeployment. This has been collated into the attached spreadsheets.

Additionally, the Foundation Network met on the 1st July 2020 and feedback was gathered from the attendees regarding redeployment in their local areas. This is also attached if further detail is required.

The experience of redeployment varied significantly around the country but there was a strong consensus that we should produce clear guidance around safe processes in similar situations, whether this is a second wave of Covid-19 or another viral agent.

Extent of redeployment

The extent of redeployment (overall numbers and proportions of F1/ F2) has varied enormously across the UK. In some regions (mostly London and the North West), the majority (50-100%) of FY trainees have been redeployed. In some areas, mostly F1s have been redeployed, in other areas mostly F2s. In trusts where F2s have been redeployed, most have returned to fulfil on-call commitments.

In all areas where FY trainees have been redeployed, there has been minimal return back to bases even though the actual number of cases has fallen short of projections. There have been numerous anecdotal reports of trainees remaining at acute trusts even though they appear to be surplus to requirements.

Outside of London and the North West, most mental health trusts have had between 30-50% of their FY trainees re-deployed. Some areas have not moved

any FY trainees at all, although the discussion about whether to move them has been universal.

Process of redeployment

In the vast majority of regions, FY trainees have been redeployed after discussion between relevant educational leads (DMEs or TPDs) and operational leads (Medical Directors). Consideration was given to higher-risk areas (such as in-patient units) and trainees were moved from areas where service provision would be less seriously affected. For example, many community services stopped providing routine face to face appointments, and therefore fewer doctors were required for clinics. Mental health trusts were given a period of notice in which to redistribute remaining trainees, so that emergency work and out of hours work could be provided safely.

However, there are several areas where FY trainees were moved without any negotiation, discussion or notice period. Decisions were made unilaterally and communication was very poor. In some instances, mental health trusts reported FY doctors simply not turning up to their expected place of work. In the few cases where this occurred, the decision appears to have been taken by the acute trust without involvement from the local Foundation School. Appeals to senior educational leaders (Post Graduate Deans or FSDs) have been helpful in reducing or reversing the decisions. Nevertheless, the safety implications of such ill-considered decisions cannot be underestimated.

Impact on services

The majority of FY trainees have been redeployed preferentially from community posts and speciality posts such as CAMHS and forensic. FY trainees in in-patient adult psychiatry posts have remained or being amalgamated into a wider rota with reduced staffing, for example, 3 trainees covering 4 wards. Where trainees have been removed entirely from IP services we do not have any data on the impact. Further information would be required from a number of sources around serious incidents, waiting times and patient safety outcome measures.

Impact on trainees and training

At present we are only aware of the short term impact, most of this reported anecdotally, either through FY trainees or Foundation TPDs. The longer term impacts on mental health knowledge, training and also recruitment, have yet to play out.

Trainees who have not rotated and have remained in their December placements, have expressed dissatisfaction – not only those who are in psychiatry, but also those who have missed psychiatry as a result. Redeployment has addressed some of the concerns for doctors missing medical placements. We continue to develop plans to redress the training shortfall for those trainees missing their psychiatry placements and also psychiatry teaching.

Recommendations for the future

1. Redeployment of FY trainees from mental health trusts to acute trusts should only occur after discussion with all local stakeholders. This includes requests from trainees themselves to be redeployed. At the minimum, this should include an educational lead (DME or equivalent) from the mental health trust, educational lead from the acute trust and representative from the local Foundation School (TPD or FSD). All final decision should be made by the Postgraduate Dean (or nominated deputy). Operational leads (Clinical or Medical Directors) can also be involved but their role should be to provide information about service needs, not to make the decision about redeployment. In exceptional circumstances, due to rapidly changing clinical environments, a local decision to review and redeploy foundation doctors may need to be made urgently. As much collaboration as is possible should be attempted in reaching this decision which ultimately sits with the Postgraduate Dean.

2. There should be consideration of both the training needs of the individuals involved and also safe service provision at the mental health trust.

3. There must be a sufficient notice period (ideally 2 weeks where circumstances allow) to allow the mental health trust to adapt internal rotas and other service adjustments before any trainees are moved.

4. These arrangements should be considered as Emergency measures to be reviewed regularly. Once the increased demand has been managed safely, there should be discussion about either reversing the redeployment or rotating trainees so they continue to have some experience of psychiatry and mental health in their original posts.

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October 2020
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