

**COVID-19 Webinars for Members: Training Matters: Updates for trainees and trainers during the pandemic**

**Thursday 30 April**

**Q&A**

No.	Topic	Question	Answer
1	Exams	Will the CASC run in September?	We are working really hard to ensure we can deliver the CASC in a safe and robust way for September and will update trainees as soon as we're able to via the Exams pages on the website, through our regularly e-updates and on social media
2	Exams	How much notice will we get for exams if they go online?	We will give you as much notice of possible of the forthcoming exam dates
3	Exams	When will we know the schedule of dates of all the forthcoming exams?	We will give you as much notice of possible of the forthcoming exam dates
4	Exams	Will the CASC be run with Social Distancing measures or be online?	We are working really hard to ensure we can deliver the CASC in a safe and robust way for September and will update trainees as soon as we're able to via the Exams pages on the website, through our regularly e-updates and on social media
5	Exams	Please could the College consider running more opportunities to sit the exams in a year?	We are considering this. There is a lot of work that goes into creating and running a robust series of examinations, however, we recognise some trainees would like more opportunities to sit the exam in the UK & Overseas.
6	Exams	Who is eligible to apply for extension of validity period in view of the recent cancellation of paper A and B exams?	Please see our exams pages on the College website & email the exams team if you have a specific query.
7	Exams	The College takes just over two months in giving results for Paper A (set in December). As the June Paper is not to happen, will the College take a more reasonable time to give results for Paper A in December?	Yes in response to PTC feedback we are now aiming to publish Paper A results in mid January
8	Exams	I have dyslexia and have difficulties with reading on electronic devices. This has meant I have had difficulties with completing exam papers that are delivered electronically. Would there be an option to have a paper copy of the questions for paper A/B if they are delivered online? Or would there be a possibility for a small cohort to sit the paper in person in a socially distanced sitting?	All the online options we are exploring have capability for making adjustments for dyslexia. Please can you email the exams department regarding your particular circumstances, thanks
9	Acting Up	Are Acting Up opportunities still available?	Acting up opportunities still available (though might be limited to key clinical areas)
10	Audit	For ARCP, I have collected the data for audit but wont be able to present due to not having regular teachings .. Is it mandatory to be part of audit as CT2 psychiatry?	ARCP panels should look at any quality/service improvement projects as part of a broad "audit" portfolio requirement (see previous College ARCP guide). In these times there are plenty of changes to services that trainees can lead on and demonstrate so hopefully smaller service improvement projects can be documented in portfolios and commented in supervisor reports.
11	Evidence for ARCP	I am worried about not being able to produce as much evidence as required due to the routine non urgent services having been cancelled and also with childcare issues not being able to undertake much CPD e.t.c	Panels should approach WPBAs flexibly. It's hard to proscribe exactly what should be completed as each trainee's circumstances will be different. Obviously a range of available WPBAs would be suitable and a trainee coming with (eg) only DONCS would be in a difficult position. But CBDs can substitute for many including CP and JCP, and teaching can be assessed remotely if possible or skills shown through team interactions and commented in supervisor report. WPBA requirements are in the ARCP guidance: <a href="https://www.rcpsych.ac.uk/docs/default-source/training/covid-19/covid-19-arcp-decision-aid-rcpsych.pdf?sfvrsn=6bc3f4f2_2">https://www.rcpsych.ac.uk/docs/default-source/training/covid-19/covid-19-arcp-decision-aid-rcpsych.pdf?sfvrsn=6bc3f4f2_2</a>
12	CS Report	A colleague has been redeployed part time on a ward, while the rest of the time still works in the community. Does she need more than 1 CS report for this period?	No, 1 CS report would be sufficient but the "named" supervisor should get feedback from other supervising doctors involved with the trainee.
13	Case logs	Can phone consultations count towards emergency case logs?	That would be appropriate for emergency phone calls or videoconference assessments
14	AOT	For trainees near CCT, obtaining AOT is really difficult now as there are no group teachings, will the RCPsych be flexible about this?	The panel will look at this flexibly and this is addressed in our ARCP guidance here <a href="https://www.rcpsych.ac.uk/docs/default-source/training/covid-19/covid-19-arcp-decision-aid-rcpsych.pdf?sfvrsn=6bc3f4f2_2">https://www.rcpsych.ac.uk/docs/default-source/training/covid-19/covid-19-arcp-decision-aid-rcpsych.pdf?sfvrsn=6bc3f4f2_2</a>
15	AOT	What about the requirement for AOT for Spr's? I have not been able to deliver teaching due to COVID -19.	The panel will look at this flexibly, but the trainee may well be doing teaching in other areas they are not aware of such as with the MDT. It might be possible for a different WPBA to be used (eg a DONCS in team working) to demonstrate progression towards teaching competencies, or for a supervisor report to comment on observed activities within the clinical setting even if not "formal teaching".

No.	Topic	Question	Answer
16	Subspecialty Endorsements	Will this idea of 1/3 reduction in WPBAs also be applied to subspecialty endorsement?	Yes - it will be a reduction in WPBAs across the board, including endorsements, however if there are any concerns from ARCP panels, these can be reviewed on a case by case basis.
17	Psychotherapy Requirements	Will remote/Microsoft Team/Zoom Balint groups sessions satisfy requirements for CT1 psychotherapy numbers?	Alternative ways of meeting are welcome, please read our ARCP Guidance here The reduced WPBAs are broken down in the new guidance <a href="https://www.rcpsych.ac.uk/docs/default-source/training/covid-19/covid-19-arcp-decision-aid-rcpsych.pdf?sfvrsn=6bc3f4f2_2">https://www.rcpsych.ac.uk/docs/default-source/training/covid-19/covid-19-arcp-decision-aid-rcpsych.pdf?sfvrsn=6bc3f4f2_2</a>
18	Psychotherapy Requirements	Pls can you give more guidance about psychotherapy long/short cases in CT2/3 as I do not believe I can start after finishing my Balint group?	Alternative ways of meeting are welcome, please read our ARCP Guidance here The reduced WPBAs are broken down in the new guidance, particularly section 3.15 <a href="https://www.rcpsych.ac.uk/docs/default-source/training/covid-19/covid-19-arcp-decision-aid-rcpsych.pdf?sfvrsn=6bc3f4f2_2">https://www.rcpsych.ac.uk/docs/default-source/training/covid-19/covid-19-arcp-decision-aid-rcpsych.pdf?sfvrsn=6bc3f4f2_2</a>
19	ARCP requirements	As a February starter CT1, I didn't really get to grips with eportfolio before covid struck. I'm now doing OP teleclinics from home as I've been told to self isolate for 12 weeks, and I suspect everyone's working lives, supervision etc has been disrupted. Please can you offer some guidance for us eportfolio novices about exactly what we will need to add to our eportfolio to satisfy the ARCP panel? For example, how to do an ACE while working from home etc. How will COVID affect portfolio requirements? Will this be standardised nationally?	Some types of WPBAs are definitely more affected than others and ACEs might be hard to do at the moment - though equally you must ensure you have appropriate supervisor for the work you are doing, particularly as a new CT1. Your first ARCP shouldn't be until next winter so there will be time to get a spread of WPBAs in the portfolio but for the moment I'd try to focus on things that are more straightforward (like case based discussions). For direct observation of clinical skills it might depend a bit on the system you are using but some (I think Attend Anywhere for video consultations) allow 2 doctors to work together.
20	Supervision & Training	I wanted to ask the ST posts are more like a service provision now, how should we meet our educational and training needs?	It's important that there is still some focus on training, and it should be the case that after the immediate service reconfigurations various types of training activity start happening again. In the meantime you should still be receiving supervision for your work, should have a clinical and educational supervisor and should where possible receive an hour's supervision for your needs each week. Try to look out for training opportunities as they arise (eg discussing aspects of patients who are presenting, or reflecting on different leadership styles shown).
21	ARCP requirements	I'm not sure people who do sit on these panels truly understand it and I'm shocked that arcps haven't been cancelled given the undue stress we are under currently	ARCPs are important to recognize what trainees have achieved and maintaining patient safety. There is considerable goodwill and flexibility in panels to help get trainees through without undue stress and trainees' situations are definitely recognized
22	August Changeover	I am due to start Core Psychiatry Training in August. In light of the current pandemic, can I expect my training to commence as planned? What types of disruption am I likely to experience?	Really difficult to predict situation in August, however, we understand that HEE is currently committed to August start for Core Trainees and College/Heads of School across the UK will support trainees throughout pandemic and your career.
23	Outcome 10.2	Some of us are approaching CCT even sooner than August -e.g for me in June with ARCP in May. I have accepted the offer of a consultant post but am now looking at an outcome 10.2 (I think) as I will not be able to achieve my outcome 6 as I have to work from home for health reasons. When will I find out how much training time I need to add on and how likely am I now to lose my consultant post?	It's going to be really important for any trainees at CCT who receive an Outcome 10.2 to be able to resolve this as soon as possible. It will depend a lot on the competencies that need completing but possibly within 3 months. If you have a consultant post to go to then I would suggest keeping in touch with the Trust you would be working for. I would expect them to be flexible about this (it's a fairly short amount of time in a consultant's professional career)
24	Progression	Given the vast cancellations of exams will there be compassion shown by the Royal College and allow core trainees to progress to higher training without being penalized by the unforeseen disruption of covid	There has been a lot of consideration given to this in our ARCP Guidance, please read that here: <a href="https://www.rcpsych.ac.uk/docs/default-source/training/covid-19/covid-19-arcp-decision-aid-rcpsych.pdf?sfvrsn=6bc3f4f2_2/">https://www.rcpsych.ac.uk/docs/default-source/training/covid-19/covid-19-arcp-decision-aid-rcpsych.pdf?sfvrsn=6bc3f4f2_2/</a> It's really important that trainees still pass their exams prior to ST4 - this is partly a patient safety issue and wouldn't be fair for trainees to be in a position where more is expected of them than they are fully able to deliver
25	Progression	In line with the recent publication of the March 2020 gold guide which emphasises the curriculum being outcome based rather than time based, will the College be taking a similar approach with regards to awarding endorsements? Many of us have acquired the relevant competencies and work based assessments for a given subspecialty in less than 12 months. This is particularly relevant in view of the current COVID situation where many may be unable to make up the 12 months in a given subspecialty. It would seem a real shame not to recognise the time and effort of trainees in acquiring the relevant competencies within a particular subspecialty."	There has been a lot of consideration given to this in our ARCP Guidance, please read that here: <a href="https://www.rcpsych.ac.uk/docs/default-source/training/covid-19/covid-19-arcp-decision-aid-rcpsych.pdf?sfvrsn=6bc3f4f2_2/">https://www.rcpsych.ac.uk/docs/default-source/training/covid-19/covid-19-arcp-decision-aid-rcpsych.pdf?sfvrsn=6bc3f4f2_2/</a>
26	February 2021 Intake	will there be CT1 training- Feb intake ?	Yes, we expect & hope so, but this is a decision for the 4 nation Statutory Education Boards

No.	Topic	Question	Answer
27	ARCP requirements	when are you expecting GMC approval for WPBAs reduction and changes to the ARCP process due to COVID-19?	The GMC have confirmed they approve of our proposal for amendments to the ARCP process and the Decision Aid Guide.
28	Isolation	I am currently self-isolating due to pregnancy, continuing to work from home with CMHT patients but obviously have significantly less face to face contact with patients. As i am still working and able to demonstrate competencies (albeit in an adapted way eg teleconferencing) - am I still likely to progress?	Isolation: many trainees will have kept on with (eg) phone call or video consultations from home, and have been able to continue with WPBAs (in a different form) so may be able to get an outcome 1 instead of outcome 10
29	MRCPsych Courses	MRCPsych course- locally has been put on hold, perhaps plans to start in June/August. Trainees increasingly feeling the need for this to resume, even if on virtual forums. We understand the balance to maintain clinical duties and perhaps unable to impose mandatory attendance due to this. Does the college have a view on this, as would help us to take this to local school and Dean to resume if we can?	The College is working closely with Heads of Schools and MRCPsych Course Organisers to look at ways of delivering courses virtually and ensure that trainees get the support they need.
30	National Recruitment	For ST4 psychiatry recruitment feb 2021 start will the interview be face to face or will the current format remain?	This is a decision for Health Education England and the 4 nation Statutory Health Boards and as soon as we know more we will update you - please ensure your email is up to date with the College to receive our regular email updates
31	Reflective Practice	Can the college upload some examples of reflective practice on royal college website please?	Thank you, we have now uploaded an example on how to complete the reflective report, this can be found here: <a href="https://www.rcpsych.ac.uk/docs/default-source/training/covid-19/reflective-report---covid-19-(example).pdf?sfvrsn=1a4ff33e_2">https://www.rcpsych.ac.uk/docs/default-source/training/covid-19/reflective-report---covid-19-(example).pdf?sfvrsn=1a4ff33e_2</a> . Please note that the reflective report is optional and to aid discussion with your psychiatric supervisor.
32	Isolation	I am a professionally isolated trainee in the North of Scotland - the only one in my specialty in my region of the Scottish deanery. Whilst I am appreciating the opportunities provided by VC etc I am concerned that when we return to our new "normal" I might be prevented from meeting the peers in my specialty in person - this has been extremely valuable to me as I can't just have a casual chat with peers at e.g. weekly teaching, because I have none.	Speak to your Educational Supervisor and local PTC rep (we can give you contact details) to see how best to create an online network of peers
33	On Call	Medical condition/shielding has meant I have been removed from the on call rota. As a Core Trainee, will this have an effect on progression? Is there a minimum number of on calls required for CT years?	The core psychiatry curriculum states: During Core Psychiatry training, trainees must have experience equivalent to participation in a first on call rota with a minimum of 55 nights on call during the period of core specialty training (i.e. at least 50 cases with a range of diagnosed conditions and with first line management plans conceived and implemented.) (Trainees working part time or on partial shift systems must have equivalent experience.) - this is not normally difficult to achieve across the 3 years of core training, and note that there is an "equivalent experience" there. If a trainee is (for example) unable to do nights due to health reasons then finding a suitable alternative experience is appropriate (for example working in evenings, or emergency experience in the day). This is perhaps more challenging with shielding, but as an example if a trainee was able to do emergency video-consultations with the CRHT this would be a similar alternative experience.
34	Sick leave	Re ARCP guidelines: some trainees may have been away for more than 14 days after shielding/sickness during this period. Would there be flexibility on number of sickness days(14) beyond which CCT date may have to be pushed forward?	14 days absences leads to an ARCP review of CCT... not necessarily a change to the end of training date. It really depends on development of competencies which would determine if any extension is needed
35	Sick leave	Will there be flexibility if you were off with COVID symptoms for 19 days in total (due to being told to re-isolate). As this would be more than 14 days.	14 days absences leads to an ARCP review of CCT... not necessarily a change to the end of training date. It really depends on development of competencies which would determine if any extension is needed
36	Special Interest Sessions	Isn't it time to review the cancellations of special interest sessions	This has been reviewed and there is an updated statement on our website: <a href="https://www.rcpsych.ac.uk/about-us/responding-to-covid-19/covid-19-and-psychiatric-training">https://www.rcpsych.ac.uk/about-us/responding-to-covid-19/covid-19-and-psychiatric-training</a>
37	Extensions	Could CT3 trainees who already had 2 extensions, get another extension if they were not able to sit the exams the last 6 months?	In order to complete core training, CT trainees have to pass all the components of the MRCPsych exam. As there was never an intended CASC sitting during the current Covid-19 period I think it would be difficult to justify a further extension to core training at this time. However, if this is the only core competency remaining then the final ARCP should reflect this, and when the exams are passed allow an application for higher training.

No.	Topic	Question	Answer
38	Progression	Will core trainees in Psychiatry like me who are approaching end of core training in Psychiatry and are progressing satisfactorily in training but were affected by cancellation of MRCPsych exams be issued an outcome 10 (covid 10) with additional training time to do the outstanding cancelled MRCPsych exams to be able to apply to higher specialist training as the new guidance states for all specialities in UK?	Please see our guidance on ARCP outcomes. Noting that as there wasn't a CASC exam cancelled in the time affected by Covid-19, and that the exam is still considered a requirement for higher training it would be appropriate to progress in these circumstances
39	Extensions	The Royal College of Psychiatrists had published the ARCP guide today for trainees and trainers. Would you be able to confirm for core trainees in Psychiatry that were affected by cancellation of MRCPsych exams if the maximum period of extension time of core training in Psychiatry is 12 months as stated on gold guide 8th edition?	Core trainee extension due to exams should still be 6 months (not 12) as currently the CASC sitting has not been cancelled due to COVID-19
40	Extensions	Will core trainees in Psychiatry who are approaching end of core training in Psychiatry and had one previous 6 months extension of core training due to ill health but are progressing satisfactorily in training and have been affected by cancellation of MRCPsych paper B be issued an outcome 10.2 (covid 10) with further 6 months of extension to complete outstanding cancelled exams? Gold guide 8th edition states that all core trainees can have maximum 12 months extension of core training and that conditions for extensions are health problems, pandemic, etc.	There are several issues here: extensions of CCT due to ill health do not form part of the extension time due to adverse outcomes, so should not count toward the overall extension, so the problem might not arise. The next is that a trainee needing extension time due to exams in core training would be because not passing the sum of exams including the CASC; there hasn't been a CASC sitting cancelled as the sittings occur in January and September - so the trainees ability to pass the MRCPsych exam in line with core training hasn't been stopped by Covid-19. Next it is the case that the maximum extension time can be extended due to pandemics (for example a trainee who had an outcome 3 getting 6 months extra-time could have this extended to a year as per the Gold Guide) and if a trainee has their training disrupted then an Outcome 10.2 could be appropriate but would be hard to argue that their ability to pass the CASC before August 2020 has been affected by Covid given the exam timetable.
41	Extensions	Will trainees be able to sit core psych exams during speciality training or to take time out of training to sit them?	Trainees must pass exams either in core training (leading to an Outcome 6 and completion of training if all other competencies shown) or outwith training but before applying for specialist higher training
42	Outcome 10.2	I wonder what the implication of an outcome 10 will be for a CT1 or 2- will they have to catch up assessments that are completed in CT3?	We are anticipating that outcome 10s will be uncommon in psychiatry, but where used should have clear documentation of what competencies need to be demonstrated in the following year. Note that this should focus on outcomes (competencies) rather than completing an additional number of assessments
43	Outcome 10.2	Hello, could you clarify the point about "Outcome 10.1/10.2, C4: Prolonged isolation. (Note that many psychiatry trainees will have been able to continue with training despite isolation and if satisfactory should receive an Outcome 1).".	Even where a a trainee has been isolating/shielding it may well be possible for them to continue doing clinical work (eg via phone or teleconference to patients and teams) and this should be counted towards a successful outcome 1 at ARCP
44	Outcome 10.2	What are the implications of Outcome 10.1 for a CT3 who is not immediately entering into HST in August?	A CT3 receiving an outcome 10.1 is able to progress into higher training and demonstrate those competencies in the ST4 year. If they are not immediately moving into higher training we will need to ensure that trainees are eligible for recruitment with an outcome 10.1, and that the outstanding competencies are completed either in ST4 or in clinical time prior to starting ST4, which will be confirmed at the first ST ARCP
45	wellbeing	I was glad to hear the temporary waiving of exam regulations regarding the order of examinations and wondered if there is any more adjustment planned in this vein? When exams restart, what is the college's plan for addressing the detrimental impact of the pandemic on the social and emotional wellbeing of trainees and as a result on their ability to revise? Many trainees' workload has greatly increased at a time when they are getting less support due to team stress and sickness and consultants' increased workload or consultants' shielding. Many trainees have either had to move out of their family homes to protect vulnerable members or are constantly feeling scared and guilty about potentially giving their households covid. All trainees have had a great loss to their social supports both within and outside of work. Some trainees are scared all of the time for their own lives or the lives of their loved ones. In these situations, it is unlikely that they will feel like preparing for exams, let alone that they will be able to do themselves justice and these situations are not one offs. In light of this:	COVID hub support & wellbeing links & info

No.	Topic	Question	Answer
46	wellbeing	Leadership .....motivating trainees at a time like this, I've found trainees have become anxious and react in different ways around their anxieties at a time like this eg withdrawing or struggling with the uncertain times true for consultants as well	COVID hub support & wellbeing links & info
47	E-Learning	Can we use e learning resources to substitute wbpas in certain cases ?	Potentially up to a point - but remember that WPBAs record what you are able to do, rather than just what teaching you have attended/viewed. E-learning can form part of the portfolio but becomes far more important if you demonstrate enhanced skills as a result. This might be through reflection on the portfolio, or better if shown through a demonstration of your learning in a clinical setting (eg a CBD)
48	Virtual & Remote Working	Despite the restrictions with Covid, I have found the use of video technology such as Microsoft teams useful in meetings and I wonder if the team had experience in using this in advancing training especially in bringing people together/facilitating work in geographically isolated places.	Increased use of technology and online delivery of education and meetings due to COVID-19 may well be a benefit that will translate to other areas and particularly support those training in geographically isolated areas. As a College we are developing our expertise in developing these activities virtually.
49	Careers	Psychiatry as a specialty may not have the same job opportunities as Pre-Covid. Would training in psychiatry affect employment?	Psychiatry is a fascinating and expanding specialty. As mental illness and the positive impact of psychiatric treatments are increasingly better understood, the need for well trained psychiatrists grows. The impact of COVID-19 is likely to increase the need for Psychiatry not lessen it.
50	Exams: Validity Period	Who is eligible to apply for extension of validity period in view of the recent cancellation of paper A and B exams? Is this only applicable to candidates who have already registered for the paper B exam in March and or candidates who were planning to sit for the paper A exams in June 2020 that was also cancelled because of covid 19 situation.	The validity period starts after candidates have passed their first written paper. We will extend the validity period for all candidates with a pass in Paper A who were registered to sit paper B in March 2020 or who did not register for this diet because of COVID. We will also extend the validity period for those candidates with a pass in Paper B who were intending to take Paper A in June 2020.
51	Exams: CASC	Hello - I wonder if there is any information about whether or not the CASC will be going ahead as scheduled in September? Or when a final decision will be made on this? If the sitting is cancelled - are there plans to schedule an additional sitting (as well as the January date) in order to give CT2 trainees 2 chances this coming academic year? Thank you	The Exams team are working really hard on delivering the exams in an accessible way and are looking at many different options. We will update trainees via our regular email updates and social media as well as trainers as soon as we have confirmed dates/information
52	Exams: more attempts/rescheduling	Please could the College urgently consider a more comprehensive diet of exam opportunities? Only having 2 Diets per year for each examination means that trainees' progression has been hindered in the past, and makes this far more likely now going forwards post-COVID19. Other Royal Colleges have more frequent examination schedules, so we would be grateful if this change could be implemented please. Having the examinations available 3 or 4 times a year would be much more helpful to trainees.	The exams team are working hard to reschedule the current schedule of exams, probably in an online format. Once this is embedded we can consider running additional diets to see if this would be feasible.
53	Exams: Non-UK	Trainees were pleased to hear the college has waived the requirement to have passed the written papers before taking the CASC until June 2021.  Could you please confirm that the above waiver also includes candidates working and training in Ireland?	Yes, this applies to all candidates including those sitting the exams overseas and in Ireland.
54	Exams: results	The College takes just over two months in giving results for Paper A (set in December). As the June Paper is not to happen, will the College take a more reasonable time to give results for Paper A in December?	Yes, in response to PTC feedback we are now aiming to publish Paper A results in mid January.
55	Exams: notice	How much notice will we get for exams if they go online?	We have a regular email update that goes out to all trainees with key updates during COVID and we will give you as much notice as we can.
56	Exams: Cheating	what if the AI accuses someone of cheating, how do you confirm that? (or prove that you weren't?)	The College is currently in talks with several software developers, each with their own proctoring systems. When a software developer is chosen as the supplier for Papers A & B, we will be able to provide a list of FAQs based on their systems and which include the subject of proctoring.
57	Exams: CASC online	What about CASC - will that be online too? If so how would that work?	As with Papers A & B, the College is currently in talks with several software developers, each with their own approach to running exams such as the CASC online. When a software developer is chosen as the supplier for the CASC we will be able to provide a list of FAQs and guidance information.

No.	Topic	Question	Answer
58	Exams: CASC Location	If there is a social distancing option for the CASC that may be difficult for people living far from sheffield as hotels may not be open as normal	To help address such matters, the College is exploring options to run the CASC online.
59	Exams: special circumstances	I have dyslexia and have difficulties with reading on electronic devices. This has meant I have had difficulties with completing exam papers that are delivered electronically. Would there be an option to have a paper copy of the questions for paper A/B if they are delivered online? Or would there be a possibility for a small cohort to sit the paper in person in a socially distanced sitting?	Special circumstances: Hi, all the online options we are exploring have capability for making adjustments for dyslexia. Please can you email the exams department regarding your particular circumstances, thanks
60	Exams: special circumstances	Some trainees have medical conditions and other vulnerabilities and would be concerned and stressed to find themselves in a social distancing casc which increases their vulnerability.	To help address such matters, the College is exploring options to run the CASC online.
61	Exams: notice/timing	Will there be a minimum notice period given to trainees if exams go online or if extra sittings are arranged? Many trainees will be faced with the possibility of sitting three exams in a short period of time and planning this around personal and professional life will be extremely difficult if insufficient notice is given.	Announcements regarding a move to running Papers A & B and the CASC online as well as any potential extra sittings will be made as early as possible. We will update trainees via our regular email updates and social media as well as trainers as soon as we have confirmed dates/information.
62	Exams: CASC online	Are there any changes to CASC examination this september. Will physical distancing mean that this exam will need to be conducted differently?	The Exams team are working really hard on delivering the exams in an accessible way and we will update trainees via our regular email updates and social media as well as trainers as soon as we have confirmed dates/information
63	Exams: refunds/shielding	1. The CASC is a significant investment in personal time, resources and finance. Trainees do not know if there will be further lockdowns in the September or December examination periods and Shielded trainees are even more likely to be restricted full lock down or not. Will RCPSYCH be able to refund shielded trainees in these circumstances? Are RCPSYCH considering a back-up plan for shielded trainees who may not be able to attend the CASC?	To help address such matters, the College is exploring options to run the CASC online.
64	Exams: alternatives	As the Covid pandemic is now expected to last for over a year, could other methods of assessment be considered for CASC and the written papers to ensure that they go ahead; such as sitting the papers at one's place of work or online with webcam monitoring?	Yes, the College is exploring options to run both Papers A & B and the CASC online.
65	Exams: scheduling	Is allowing candidates to take the examination in any order of their choosing the only option being considered with regards to the exams and their scheduled dates? I.e paper A results will only be available mid February 2021 and thus too late to apply for higher training beginning in February 2021. Could an exceptional one off sit of both paper A+B not be considered in October/November 2020 so as not to disrupt training further?	Options are being explored with software developers to arrange make-up dates for the cancelled March Paper B and June Paper A diets via online platforms as soon as possible.
66	Exams: non-UK	Hi am a trainee from Mauritius. What will be the requirements for sponsor needed for CASC Exams? Thank You	Please see exams website under applying for CASC <a href="https://www.rcpsych.ac.uk/training/exams/applying-for-your-exam">https://www.rcpsych.ac.uk/training/exams/applying-for-your-exam</a>
67		please can you propose areas of good practice or suggest ideas of how trainees can prepare themselves adequately in the absence of regular patient interactions and opportunities? Similarly advise for organisations (medical education departments) who would ordinarily be holding CASC revision practices, about how we may be able to support trainees with CASC preparations	Many psychiatrists are using telephone and video consultations in place of face to face consultations, and if this is the case, these are good opportunities to practice clinical skills in a supervised environment. We would similarly recommend using video conferencing to run CASC practice sessions where face to face sessions are not possible.
68	Psychotherapy Requirements	There was college guidance on remote psychotherapy. but not every place is allowing that, especially in secure units. what do we do in that case.	Alternative ways of meeting are welcome, please read our ARCP Guidance here The reduced WPBAs are broken down in the new guidance, particularly section 3.15 <a href="https://www.rcpsych.ac.uk/docs/default-source/training/covid-19/covid-19-arcp-decision-aid-rcpsych.pdf?sfvrsn=6bc3f4f2_2">https://www.rcpsych.ac.uk/docs/default-source/training/covid-19/covid-19-arcp-decision-aid-rcpsych.pdf?sfvrsn=6bc3f4f2_2</a>
69	ARCP Requirements	Do we still need 3 evidences in each competences since the WPBAS were reduced?	This is answered in our ARCP guidance <a href="https://www.rcpsych.ac.uk/docs/default-source/training/covid-19/covid-19-arcp-decision-aid-rcpsych.pdf?sfvrsn=6bc3f4f2_2">https://www.rcpsych.ac.uk/docs/default-source/training/covid-19/covid-19-arcp-decision-aid-rcpsych.pdf?sfvrsn=6bc3f4f2_2</a>

No.	Topic	Question	Answer
70	ARCP Requirements	will all these changes for the ARCP be valid for the February starters and the February ARCP panel as well, since their training is affected these past few months as well?	Current guidance is valid for ARCPs for summer 2020. Further guidance will be developed for further cohorts in response to how the pandemic continues to impact on training opportunities
71	National Recruitment	As there are less ST4 training posts available from August due to people denied OOPes, therefore not releasing the numbers, is there anything that RC Psych can do to lobby trusts to offer Trust Grade posts to those who do not get jobs, or is this just completely up to the trust? February will potentially have more applicants too.	For August entry, there were 445 (2016), 433 (2017), 472 (2018), 477 (2019) and 438 (2020) posts available. Posts for Aug 2020 were the same as 2016 and 2017, and 34-39 fewer than in 2018 and 2019. It is not clear why the numbers change, however, there are likely to have been more in 2018 & 2019 due to chronic underfill. Trainees should discuss their individual circumstances with their current employer to identify what alternative psychiatry posts may be available to them locally in order for them to retain employment prior to reapplying for ST posts. Nationally there are likely to be more posts available than trainees
72	National Recruitment	Will there be any support for those affected by ST4 recruitment process for August 2020. The complaints/appeals procedure states that these will not be considered if related to Covid.	The national recruitment process is run by HEE Northwest on behalf of HEE for England, Wales and Scotland. The RCPsych was unable to influence the process for recruitment during Covid19. We would encourage all doctors who may not have been successful in obtaining a post in their chosen specialty in their chosen location during this round to reapply for the next round. Please discuss your individual circumstances with your local employer and educational supervisor. We are discussing alternative ways of recruitment with HEE for the next round. Details will be posted on the national recruitment website with a link from college website as soon as details are made available by HEE.
73	National Recruitment	Can the College lobby HEE re the unfair ST application process? Have a cut off score but include all applicants and not just people outside of a training program which has no sound basis and discriminates against LTFT trainees who finished core training at unconventional times.	Please see previous answers. The cut off scores for trainees and those out of training used by HEE was based on modelling of data regarding performance of candidates at national recruitment over several years.
74	National Recruitment	There's been a lot of unhappiness about the self assessment process for non-CT3 trainees applying to higher training. The SAQ is very weighted towards academic achievement and seems to have unfairly discriminated against those with first rate clinical and leadership skills. Can the College consider lobbying against this decision?	Please see previous answers. The self-assessment process using a similar template was used by several Royal Colleges, and its sole use during August 2020 recruitment was instructed by HEE
75	National Recruitment	I would like to kindly ask what the College position is on the discrimination against people not in core training re ST4 applications? The fill rate is only 65% and excellent candidates are being denied an opportunity to start in August.	Please see previous answers. We understand that the cut off scores for trainees and those out of training used by HEE was based on modelling of data regarding performance of candidates at national recruitment over several years.
76	Wellbeing/National Recruitment	Keeping up with the ARCP requirements and working on the portfolio content causes extreme anxiety among trainees including myself. I wonder if there is going to be any change in the interviewing structure such as if we have done anything further to step up in the pandemic?	This is a really important point. Panels understand the pressures that trainees will have been under during this period and adaptations have been made to the evidence required to take this into account. Panels also recognise that for many trainees this will be a period in which they may have developed new skills. The portfolio includes an optional reflective form that trainees can use if they wish to highlight this to the panel.
77	National Recruitment	What is the plan for the ST4 recruitment for Feb 2021 start?	The national recruitment process is run by HEE Northwest on behalf of HEE for England, Wales and Scotland. The RCPsych was unable to influence the process for recruitment during Covid19. We would encourage all doctors who may not have been successful in obtaining a post in their chosen specialty in their chosen location during this round to reapply for the next round. Please discuss your individual circumstances with your local employer and educational supervisor. We are discussing alternative ways of recruitment with HEE for the next round. Details will be posted on the national recruitment website with a link from college website as soon as details are made available by HEE.
78	National Recruitment	What is the RCPsych doing about the discrimination against candidates not in training for ST applications in August? There is only a 65% fill rate for general psychiatry and people are being denied an opportunity due to a blanket rule across medical specialties	Please see previous answers. We understand that the cut off scores for trainees and those out of training used by HEE was based on modelling of data regarding performance of candidates at national recruitment over several years.
79	Shielding	Will the Royal College of Psychiatrists release specific guidance for those trainees who are having to shield?	There is no current guidance issued other than brief references to trainees shielding in ARCP guidance: <a href="https://www.rcpsych.ac.uk/docs/default-source/training/covid-19/covid-19-arcp-decision-aid-rcpsych.pdf?sfvrsn=6bc3f4f2_2/">https://www.rcpsych.ac.uk/docs/default-source/training/covid-19/covid-19-arcp-decision-aid-rcpsych.pdf?sfvrsn=6bc3f4f2_2/</a> This webinar has highlighted that there may be a need to develop this. We will work with Heads of Schools and trainees as the situation evolves to develop this

No.	Topic	Question	Answer
80	Shielding	There is sometimes misunderstandings about what shielding means which may result in trainees who are shielding feeling unduly pressured to leave home e.g. 'just to attend a meeting' when this has been strictly advised against in the NHS shielding letter. This may be even more of an issue when distancing measures for trainees are relaxed but vulnerable trainees still have to shield. Will RCPSYCH be releasing specific guidance for Training Programs and Trusts on how shielded trainees should be supported to work from home?	There is no current guidance issued other than brief references to trainees shielding in ARCP guidance: <a href="https://www.rcpsych.ac.uk/docs/default-source/training/covid-19/covid-19-arcp-decision-aid-rcpsych.pdf?sfvrsn=6bc3f4f2_2/">https://www.rcpsych.ac.uk/docs/default-source/training/covid-19/covid-19-arcp-decision-aid-rcpsych.pdf?sfvrsn=6bc3f4f2_2/</a> . This webinar has highlighted that there may be a need to develop this. We will work with Heads of Schools and trainees as the situation evolves to develop this
81	Shielding	I have had to self isolate due to chronic health issues so I havent been able to engage in anything clinical at all. I havent been able to have any supervision during this period or be involved in any WPBAs ; Im concerned about the implications as I go into what should be my last half of ST6 (Im LTFT)	All trainees should have access to an hour per week of psychiatric supervision regardless of whether they are shielding or not. People should discuss their individual circumstances with their supervisor to ensure they have a personalised educational plan to ensure they have maximum opportunities to continue developing skills and competencies whilst working from home. As discussed in the webinar there are many ways to contribute to leadership/management/teaching and training as well as developing clinical skills whilst shielding.
82	Shielding	Trainees who are shielding may end up doing so for much longer than the current lock down restrictions. How will they manage things like completing the psychotherapy long case when there may not be technology to allow this?	People should discuss their individual circumstances with their supervisor to ensure they have a personalised educational plan to ensure they have maximum opportunities to continue developing skills and competencies whilst working from home. In some situations it will be possible to continue psychotherapy sessions remotely. However for some trainees this may have to wait until social distancing is no longer in place. We would advise trainees to discuss their own circumstances with their supervisor, psychotherapy tutor and training programme director to organise an individualised training plan. There are specific temporary arrangements for trainees at CT3 that do not delay progression to ST4 if a case has not been completed. These arrangements will be reviewed for further cohorts if lockdown is not lifted as anticipated and recommendations for shielding becomes prolonged beyond 12 weeks.
83	Shielding	Shielded trainees are likely to face an even longer return to 'normality' or at least face to face contact than other trainees. How can disadvantage to the training shielded trainees receive be minimised in these circumstances?	People should discuss their individual circumstances with their supervisor to ensure they have a personalised educational plan to ensure they have maximum opportunities to continue developing skills and competencies whilst working from home. In some situations it will be possible to continue psychotherapy sessions remotely. However for some trainees this may have to wait until social distancing is no longer in place. We would advise trainees to discuss their own circumstances with their supervisor, psychotherapy tutor and training programme director to organise an individualised training plan. There are specific temporary arrangements for trainees at CT3 which do not delay progression to ST4 if a case has not been completed. These arrangements will be reviewed for further cohorts if lockdown is not lifted as anticipated and recommendations for shielding becomes prolonged beyond 12 weeks.
84	Study Leave	Will there be more study leave given if examinations have to take place during the pandemic in order to protect trainees time?	Trainees should discuss their study leave requirements with their educational supervisor and local employer
85	Study Leave	Most events have been cancelled and so far, my understanding is that Study Leave is cancelled. However, there are a number of events from July that will take place live virtually. What is the position of the College in regards to study leave to attend these type of events? Thank you.	Trainees should discuss their study leave requirements with their educational supervisor and local employer to ensure that their training needs can be met. Virtual events will become common place during the next 12 months. The initial restriction on study leave to enable the NHS to cope with surge in clinical activity due to the pandemic is likely to be relaxed in time and external learning events will remain an important aspect of training including participating in events as presenter of posters and talks as well as attendee.
86	Redeployment	what about trainees who have been redeployed to physical health wards and have no ability to do any work based place assessments	There are a very small number of trainees in the UK who have been deployed to acute hospital settings for short periods of time. These trainees should discuss their individual training needs with their Training programme director. The ARCP guidance allows for an outcome 10 (training affected by Covid) in such circumstances but it is hoped that the majority of trainees will be supported to recognise alternative generic competencies gained during this period which will have contributed to their educational development. Please see ARCP guidance for details of outcome 10 and optional reflective template about additional competencies gained during Covid19 pandemic.
87	Technology	Psychotherapy- supervisors more keen on apps like zoom where they can see all trainees. Trust however supports Teams due to security issues, would the college have a view on this	There are multiple videoconferencing apps on the market and the RCPsych is not in a position to advise re any particular product. Each organisation will have to take into account local options and follow their organisation's information governance policies.



No.	Topic	Question	Answer
88	Technology	I don't think RCPsych should be recommending using Zoom due to the privacy concerns which haven't been adequately addressed yet.	Increased use of technology and online delivery of education and meetings due to COVID-19 may well be a benefit that will translate to other areas and particularly support those training in geographically isolated areas. As a College we are developing our expertise in developing these activities virtually.
89	Technology	Is there a wide uptake of this technology in the varying settings? For example in educational meetings, for ARCP meet-ups, in community settings for trainees to see patients and at the same opportunity for supervision to occur? What's the uptake been like? Are there drawbacks to this technology ( the answer is probably yes) and or limitations eg the mental health act , less personal, or accessing difficulties for patients to use eg learning disabilities and/or can this be negotiated	The use of skype/teams to undertake ward rounds and supervision sessions/patient consultations is becoming more widespread as it is rolled out through UK. There will be advantages and disadvantages of using this type of technology. It is clear however that it is likely to remain as one option of several for how we interact with patients in the future and we would encourage all trainees to take the opportunity where possible to develop skills in using telepsychiatry for clinical consultations.
90	Patient Care	Would the college please make clear that in a pandemic, managing the pandemic is the priority?	Patient care is always the priority. However, it is also important that where possible every effort is made to ensure that trainees have access to the best available training opportunities during the pandemic and that training activity continues as uninterrupted as possible
91	PPE	Would the college please encourage trainers and trainees to review the essential people needed to provide services that require patient contact?	The college has made several statements regarding access to PPE for psychiatrists> please see our COVID guidance: <a href="https://www.rcpsych.ac.uk/about-us/responding-to-covid-19/responding-to-covid-19-guidance-for-clinicians/personal-protective-equipment-ppe">https://www.rcpsych.ac.uk/about-us/responding-to-covid-19/responding-to-covid-19-guidance-for-clinicians/personal-protective-equipment-ppe</a>
92	Patient Care	Would the college please discourage all contact with patients that is not essential for their care, regardless of it being a WPBA or training requirement?	We have suggested a flexible approach to WPBAs, with an increase in the use of DONCS. It is essential that each patient contact is risk assessed and that non-essential face to face patient contact reduced to a minimum with recommended precautions taken for ensuring access to the appropriate level of PPE. If trainees have concerns that a patient contact is non-essential they should raise this with their supervisor and if necessary escalate the matter. The safety of both patients and staff remains paramount and unnecessary face to face contacts discouraged. WPBAs can be undertaken remotely with supervisors joining a video conferencing call between patient and trainee to observe.
93	Policy: BAME Task & Finish Group	Is there a timeline of the RCPsych Rapid Task and Finish group to have some robust recommendations for BAME trainees, in the event of increasing evidence and concern re: disproportionate death of BAME staff	The RCPsych Rapid Task and Finish Group published some initial work that includes recommendations for mental health trusts in implementing risk mitigation for all BAME staff in mental health settings. The group is continuing its work, and is considering next steps in acting on this urgent and fast moving issue, with more information to be available to members in the coming weeks. With regards to recommendations specifically for BAME trainees, this has not been discussed in detail, but has now been raised with the group for their consideration.

No.	Topic	Question	Answer
94	Policy: Infection control	How can we be sure that the health and safety of our trainees during the current crisis is being adequately monitored and protected? Notwithstanding the inherent uncertainties, there appears to be a growing signal to noise ratio to suggest that frontline mental health staff, especially acute in-patient staff, may be at especially high risk of infection, severe illness and even death (There have for example been 4 deaths of in-patient mental staff in one NWL MH Trust, alone). Junior doctors of course typically work extensively within the acute in patient service, either during the day or out of hours or both. Are national IPC policies being reviewed, compliance with those policies monitored, and infection rates and mortality being tracked, specifically for staff as well as patients in the acute mental health setting?	National infection prevention and control guidance is produced and updated regularly by NHS England and NHS Improvement ( <a href="https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control">https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control</a> ). This includes recommended personal protective equipment for staff working in a number of clinical contexts including acute mental health settings. Data on testing and infections is published only for each 'pillar' within the Department of Health and Social Care's testing strategy. Pillar 1 includes health and care workers alongside those with a clinical need in PHE labs and NHS hospitals, but further breakdowns of the figures are not in the public domain. Data on the number of deaths among NHS staff is collated by NHS England for the government, although currently the numbers are only reported in Prime Minister's Questions and reported as a total of those who have died who were employed by trusts in England only and where the death has been verified by their trust. The College has been undertaking a regular survey programme to ask its members from across the UK at all grades for their views on issues such as access to the correct PPE and testing for their patients, members of their household and themselves ( <a href="https://www.rcpsych.ac.uk/about-us/responding-to-covid-19/responding-to-covid-19-guidance-for-clinicians/surveys-and-research">https://www.rcpsych.ac.uk/about-us/responding-to-covid-19/responding-to-covid-19-guidance-for-clinicians/surveys-and-research</a> ). This helps us to identify the areas with the greatest level of concern and we have highlighted the findings to the Chief Medical Officer among others. Concerns that trainees have about the supply of PPE in their organisation can be raised 24/7 via the helpline on 0800 915 9964 or via email to <a href="mailto:supplydisruptionservice@nhsbsa.nhs.uk">supplydisruptionservice@nhsbsa.nhs.uk</a> . Emails should be answered within an hour. More information about PPE can be found on our College guidance pages ( <a href="https://www.rcpsych.ac.uk/about-us/responding-to-covid-19/responding-to-covid-19-guidance-for-clinicians/personal-protective-equipment-ppe">https://www.rcpsych.ac.uk/about-us/responding-to-covid-19/responding-to-covid-19-guidance-for-clinicians/personal-protective-equipment-ppe</a> ).
95	Policy: Shielding/PPE	What will happen for trainees that are high risk due to health conditions, but not in the 'shielding' category? As it is even less clear about when we will be expected to return to patient facing work. Guidance would be really helpful	NHS Employers issued guidance on 28 May for NHS organisations ( <a href="https://www.nhsemployers.org/covid19/health-safety-and-wellbeing/risk-assessments-for-staff">https://www.nhsemployers.org/covid19/health-safety-and-wellbeing/risk-assessments-for-staff</a> ) on how to enhance risk assessments particularly for at risk and vulnerable groups within their workforce. It sets out adjustments or redeployment that should be considered for staff who are identified as being at greater risk. The BMA has also issued advice on risk assessments for doctors and steps employers should consider to mitigate risk for those identified as high risk, including alternative clinical or non-clinical work where the risk of contracting COVID-19 is lower ( <a href="https://www.bma.org.uk/advice-and-support/covid-19/your-health/covid-19-risk-assessment">https://www.bma.org.uk/advice-and-support/covid-19/your-health/covid-19-risk-assessment</a> ). The College has compiled guidance on risk mitigation for BAME staff in mental healthcare settings along with a risk assessment tool which could be applied more widely ( <a href="https://www.rcpsych.ac.uk/about-us/responding-to-covid-19/responding-to-covid-19-guidance-for-clinicians/risk-mitigation-for-bame-staff">https://www.rcpsych.ac.uk/about-us/responding-to-covid-19/responding-to-covid-19-guidance-for-clinicians/risk-mitigation-for-bame-staff</a> ). This issue has been raised with the CMO who understands that it needs resolution.

No.	Topic	Question	Answer
96	Policy: Infection control	What will happen for trainees that are high risk due to health conditions, but not in the 'shielding' category? As it is even less clear about when we will be expected to return to patient facing work. Guidance would be really helpful	National infection prevention and control guidance is produced and updated regularly by NHS England and NHS Improvement ( <a href="https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control">https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control</a> ). This includes recommended personal protective equipment for staff working in a number of clinical contexts including acute mental health settings. Data on testing and infections is published only for each 'pillar' within the Department of Health and Social Care's testing strategy. Pillar 1 includes health and care workers alongside those with a clinical need in PHE labs and NHS hospitals, but further breakdowns of the figures are not in the public domain. Data on the number of deaths among NHS staff is collated by NHS England for the government, although currently the numbers are only reported in Prime Minister's Questions and reported as a total of those who have died who were employed by trusts in England only and where the death has been verified by their trust. The College has been undertaking a regular survey programme to ask its members from across the UK at all grades for their views on issues such as access to the correct PPE and testing for their patients, members of their household and themselves ( <a href="https://www.rcpsych.ac.uk/about-us/responding-to-covid-19/responding-to-covid-19-guidance-for-clinicians/surveys-and-research">https://www.rcpsych.ac.uk/about-us/responding-to-covid-19/responding-to-covid-19-guidance-for-clinicians/surveys-and-research</a> ). This helps us to identify the areas with the greatest level of concern and we have highlighted the findings to the Chief Medical Officer among others. Concerns that trainees have about the supply of PPE in their organisation can be raised 24/7 via the helpline on 0800 915 9964 or via email to <a href="mailto:supplydisruptionservice@nhsbsa.nhs.uk">supplydisruptionservice@nhsbsa.nhs.uk</a> . Emails should be answered within an hour. More information about PPE can be found on our College guidance pages ( <a href="https://www.rcpsych.ac.uk/about-us/responding-to-covid-19/responding-to-covid-19-guidance-for-clinicians/personal-protective-equipment-ppe">https://www.rcpsych.ac.uk/about-us/responding-to-covid-19/responding-to-covid-19-guidance-for-clinicians/personal-protective-equipment-ppe</a> ).
97	Policy: Infection control	I would like to discuss about on call rest facility. We have got newly refurbished -fully carpeted room to be used as on call rest room. Any recommendation for the increased risks of contracting COVID-19, if there is asymptomatic carrier shedding viruses on this thick piled carpet?	We are not aware of evidence that thick piled carpet is a significant risk for virus transmission and note that the Health and Safety Executive guidance for working safely during the coronavirus outbreak does not include specific reference to this ( <a href="https://www.hse.gov.uk/news/assets/docs/working-safely-guide.pdf">https://www.hse.gov.uk/news/assets/docs/working-safely-guide.pdf</a> ).
98	Service delivery/training	On a separate point ( which may be beyond this remit) I get the sense there is anxiety / tension / uncertainty understandably with both trainers and trainees over expectations/supervision/service delivery and how teams are organised what is core activity and what doesn't need to be done/ what services can be put on hold?	The College is working closely with stakeholders to assess the current and future impact of COVID-19 on service delivery, workforce planning and how best to support staff. We will raise this point about considering the impact on trainers and trainees.
99	ETC	As the four nations Statutory Education Bodies and Medical Royal Colleges and Faculties recommended, patient safety must remain a primary focus during this pandemic. With ARCP going ahead, trainers/trainees are feeling the pressure to continue to provide/attend opportunities to complete competencies and WPBA's. This has led to a reluctance to stop patient contact that is purely for training purposes, such as the continued practise of trainees attending ECT despite it being agreed by our training lead that ECT is an Aerosol Generating Procedure and can be provided with only one Psychiatric doctor present (as long as that doctor is already competent in ECT). This practise is not in keeping with Government guidance of socially distancing unless performing a key worker role where social distancing is unavoidable. This practise also increases patient and trainee exposure to covid and, by the nature of being carriers, increases exposure to the public and the MDT. It is putting training above patient, staff and the public's safety and, as it continues daily around the UK, as a matter	As ECT incorporates non-invasive ventilation which is an Aerosol Generating Procedure (AGP) level 3 PPE must be donned. PHE's guidance is clear that for patients with possible or confirmed COVID-19, any of these potentially infectious AGPs should only be carried out when essential. Where possible, these procedures should be carried out in a single room with the doors shut. Only those healthcare staff who are needed to undertake the procedure should be present: <a href="https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/covid-19-personal-protective-equipment-ppe#section-7">https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/covid-19-personal-protective-equipment-ppe#section-7</a>