



CAREERS

Covid-19: what do trainees need to know?

Sarah Hallett, chair of the BMA junior doctors committee, answers questions on how the covid-19 pandemic might affect trainees

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I'm in training, am I likely to be redeployed to another department?

This is an unprecedented situation for the NHS and it's likely that many staff, including junior doctors, will be asked to take on roles that may be unfamiliar or that they weren't expecting. We know that this is already happening in places where the pressure is being felt.

Junior doctors shouldn't be asked to do anything outside of their own competence levels; if you have concerns about where you are being redeployed, you should raise this with your educational supervisor. When working in a different role, you should be supported and always know who you can escalate to. We would also expect any diversions for junior doctors to be for as short a time as possible. It's important, too, that once pressures ease, junior doctors can return to their training posts and trusts should do all they can to make sure this is the case.

I'm not rotating in April, what does this mean for my training in the long term?

This rotation can still count towards your training; it's likely that you'll continue to develop curriculum competencies that you can enter into your portfolio. Additionally, the education bodies have published contingency plans for the annual review of competence training (ARCP)¹ process this year, indicating that these will still take place, with reduced panels and an increased focus on competencies.

ARCPs for junior doctors at critical points in their training—such as those completing core training or approaching the certificate of completion of training—will be prioritised. Foundation specific advice, detailing new expectations for the 2020 ARCP process, has also been published.

Even with the intense pressure we're facing, it's ultimately hoped that most junior doctors can progress as normally as possible through the different stages of training, which is reflected in statements published by the education bodies and colleges. The BMA has been told that as the epidemic subsides, education and training bodies will work to ensure that doctors are able to catch up with missed training where possible if it has prevented them from progressing.

There are likely to be concerns about the impact on future applications, where a junior doctor has been hoping a particular rotation may have helped. It's likely that there will be other

ways to demonstrate “commitment to specialty,” but the BMA will be liaising with recruitment bodies to ensure that the impact of covid-19 is taken into account. We'll also be lobbying the government to provide compensation for any doctors who have experienced financial detriment because of delayed training progression as a result of the pandemic.

My rota has been changed to deal with covid-19. Can I check that it still complies with the contract?

Since the outbreak of covid-19 we've already seen junior doctors in hospitals across the country showing a great willingness to go above and beyond to provide care for patients. There are rules on safe working hours and rest requirements as set out in the Service for NHS Doctors and Dentists in Training (England) 2016,² which are there to protect against excessive fatigue and burnout; it's therefore important that trusts and trainees adhere to these limits as far as possible during the coming weeks and months.

The BMA acknowledges, however, that in times of crisis it may not be realistic for trusts to maintain all the contractual limits; we will be producing guidance around some initial considerations in these situations. If a rota does deviate from the existing contractual safeguards, it will still need to adhere, at the very least, to the European Working Time Directive, which set the absolute minimum standards of safe working for trainees. Any proposed changes to hours of work should include appropriate rest time and adequate breaks.

If a junior doctor has concerns they should discuss them with their clinical manager or human resources department for an informal resolution. If matters cannot be resolved informally, then members should contact the BMA for further advice.

I'm worried about burning out, what should I do?

I know that many of us are worried about the pressures and challenges—both physical and psychological—that we might face in the coming months. Doctors will want to do all they can for their patients to help tackle the covid-19 outbreak, however it is essential that their own wellbeing is also looked after. We need doctors able to work effectively on the frontline, and maintaining good mental health is part of that. We work in a

pressured environment at the best of times and the BMA has done a lot of work to highlight the need for better support. This includes adequate supplies of personal protective equipment (PPE), as well as time for rest and recuperation.

Trusts have a moral and statutory duty of care to protect doctors' health and that includes making sure they are not working excessive hours and that they get sufficient rest—this applies during a pandemic as it would at any other time. NHS organisations must consult with their health and safety leads, public health colleagues, occupational health colleagues, and unions to develop a local plan to support the workforce.

Finally, remember that as ARCP requirements have changed, portfolio requirements have lessened. Many organisations are offering free wellbeing resources for NHS staff which some may find helpful. If any of our members have any concerns regarding their wellbeing, I would encourage them to get in touch with the BMA—either to talk to an adviser or to make use of the BMA's wellbeing services. Our counselling and peer support services are open to all doctors, not just BMA members.

Can the hospital cancel my annual leave?

The BMA is emphasising how important it is that doctors get enough time to rest away from the frontline to protect their own wellbeing and also that of their patients. Employers can, however, lawfully cancel pre-booked days of annual leave, though trusts have to act reasonably. For example, if it is for a significant life event then it might not be lawful for them to cancel leave. If cancelling annual leave must happen, then trusts should ideally do this on a voluntary basis rather than enforcing cancellations. If doctors do have concerns over annual leave, then they should raise it with the BMA.

I don't think I have the right protective equipment, what can I do?

We've heard that deliveries of PPE are being rolled out to hospitals and GP practices but currently we know that many on the front line still don't have adequate access to it. The BMA has made strong calls for the government to resolve the matter immediately; we have concerns that without proper protection, some doctors could—as a direct consequence of their work—become ill. In some cases, this could be fatal. If you are

concerned that you're being asked to see patients who have or are suspected of having covid-19 without the correct PPE for that situation, it should be raised immediately with management and with the BMA.

Doctors in hospital have every right to request to be moved to a low risk area or to provide patient care that doesn't expose them to becoming infected with covid-19 if adequate PPE isn't available. For GPs with patients who still need face to face care, again they need to think carefully about the level of risk they are exposing themselves and other patients to if they give that care without protection. There are limits to the risks that doctors should expose themselves to and it isn't fair for doctors, or their patients, to expect them to go beyond those limits.

Will my hospital provide me with hot food and somewhere to rest if I'm working extra long hours or night shifts?

It's so important that doctors and all other healthcare workers are looked after during what will undoubtedly be an extremely testing time for all frontline NHS workers.

Junior doctors should make sure they are eating and drinking sufficiently during their shifts as well as taking regular rest breaks. Under the existing contract, trainees in England are entitled to hot and cold food and drink when working overnight, as well as access to a space and rest facilities where they can eat or take a break during their shift or rest after their shift has ended if they feel unable to travel home because of tiredness.³

As well as this, the BMA has backed calls for trusts to provide 24 hour access to food for doctors, and to consider further arrangements where staff are working longer shifts to ensure sufficient and adequate rest space is available—this could involve the repurposing of offices into rest spaces, for instance.

- 1 Health Education England. Contingency planning for ARCPs. Covid-19 outbreak. 2020. www.hee.nhs.uk/sites/default/files/documents/Contingency%20Policy%20for%20ARCPs.pdf
- 2 NHS Employers. Terms and conditions of service for NHS doctors and dentists in training (England) 2016. www.nhsemployers.org/-/media/Employers/Documents/Need-to-know/TCS-for-NHS-Doctors-and-Dentists-in-Training-England-2016-Version-3.pdf.
- 3 BMA. Fatigue and facilities charter. www.bma.org.uk/advice/employment/working-hours/fatigue-and-facilities-charter.

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