

## **Guidance for HEE Postgraduate Deans**

### **Exercising discretion to enable an exceptional OOPE for trainees affected by the cancellation of the MRCS(A) examination**

Dear Colleagues,

While the NHS faces winter pressures every year, 2021 is likely to be a uniquely difficult year. The NHS is working hard to catch up on elective care and diagnostics, there is concern over the impact of the new COVID omicron variant, and the health system is trying to cope with very high levels of demand. The health and care workforce are braced to respond to these pressures throughout the winter, but levels of resilience across the system, including in individuals, have probably never been lower. There are real challenges in ensuring the health service has the workforce numbers to deliver what is required for patients, now and in the future.

As you will be aware, the Secretary of State for Health and Social Care has announced his intention to merge HEE with NHS England and NHS Improvement and with NHS Digital and NHSX. There is much to clarify about how we will work within the merged organisation, but whilst this planning is ongoing HEE also must continue its important work delivering and improving education and training, to benefit both learners and patients. Our medical training recovery work is a key part of that.

We are already seeing the impact of high levels of demand on elective care, and this is likely to increase over the coming months. Most NHS trusts and many GP practices employ doctors in training to deliver healthcare at different levels. Training occurs alongside service delivery in clinical posts, supplemented by face-to-face, simulation and virtual training as needed, ensuring curricula are fully delivered. The NHS has incorporated education and training with service delivery and now the expectation is that multi-professional education for undergraduate and postgraduate health professionals will be designed into all areas where NHS service is delivered. However, although most providers embrace this, some lack foresight and question the need for this investment, especially at times of increased pressure.

With a clear recognition that the NHS needs to increase and develop its workforce to meet patient demand both now and for future service expansion and recognising the significant adverse impact that the pandemic is having on training, it is essential to prioritise training and minimise any redeployment of trainees throughout winter.

Helpful [guidance](#) is available [on balancing any need for trainee redeployment](#) due to overwhelming service pressures against continuing education and training provision to enable trainees to catch up, progress, and deliver future service provision. It is particularly important that trainees who received an outcome 10.1 at their most recent ARCP are not redeployed unless this is absolutely essential as they are at higher risk of requiring extensions to their training. The few trainees who received an outcome 3 or 10.2 at their most recent ARCP should not be redeployed, as they already need extensions to training in educationally tailored placements.

The UK healthcare education and training model is one of experiential learning in the environment where care is provided. Therefore, it is essential that training opportunities are maximised where and when additional services are provided. This could be as additional theatre lists in trusts, and also with independent sector providers if NHS patients are being treated by them, in an extension of our education capacity.

A key part of the management of this is [new guidance](#), updated October 2021 which applies to doctors in training in possession of a national training number (NTN) and caring for NHS patients, focusing on training in the Independent Sector for organisations working under the COVID 19 National Contract.

Contracting arrangements between commissioners and independent sector (IS) healthcare providers recognise the range of both healthcare providers and of healthcare professionals delivering services, in multi-professional teams. Postgraduate medical trainees are an integral and essential part of these teams. Trainees of all levels of seniority should be supported to practise across different environments with appropriate levels of education, training and supervision in place.

All IS, regulatory, training and NHS partners have committed to co-operate closely to make these arrangements work. NHS England and NHS Improvement have already extended indemnity arrangements for trainees within the current national contract.

By ensuring we protect training, especially for those who need it most, and maximise training all opportunities, we can provide encouragement to the trainee workforce as they go into the winter months, demonstrating that they are valued and their education, training and development is being taken seriously.

We would like to thank you for your continued efforts, both to deliver the service patients need and to provide the training environments that ensure we continue to have a highly skilled and competent registrar, consultant and GP workforce.

We look forward to continuing to work closely across organisations and systems in support of the learning and development of the future clinical workforce.

Best Wishes



Professor Sheona MacLeod  
Deputy Medical Director, Education Reform  
Honorary Professor University of Nottingham and University of Leicester