

3 June 2020

Dear Colleague

The Covid-19 pandemic has significantly impacted on the UK population's health and wellbeing as well as everyone's work, home and social lives. The ability of the NHS to deliver care across a wide range of its usual services has also been tested. Not only has clinical care been affected but undergraduate and postgraduate medical education and training have also been significantly disrupted. To facilitate the NHS response to the pandemic, formal education and training events, rotations, mandatory courses and study leave have all been suspended and trainees, trainers and educators have been redeployed. This has resulted in a very considerable loss of the usual clinical learning and development opportunities across all medical training programmes.

Training has continued, where possible, with educators and trainees finding new ways to interact and learn. Doctors in training have also used the exceptional circumstances to learn and develop broader competencies, which whilst not meeting the curricular requirements in the expected way, have given them useful transferable skills even when working out with their own specialty placements or in a service with a significantly modified profile.

In recognition of the exceptional circumstances of the pandemic, changes have been made to ARCP outcomes (<https://www.copmed.org.uk/publications/covid-20>) to enable as many doctors in training as possible to progress in their careers, in circumstances where they have been unable to demonstrate the required competences or to sit a time critical exam due to the Covid-19 pandemic. However, this means that a considerable number of doctors in training will need to achieve outstanding competencies and qualifications within the subsequent year in order to continue to progress thereafter. There is therefore a clear need to maximise the learning from the available education and training opportunities over the next training year through a focus on delivering high quality supervision and teaching.

As clinical services begin to be re-modelled and restored, several, sometimes apparently conflicting pressures will need to be considered. The urgency to deliver on the backlog of elective care, the use of the independent sector and the need to limit face-to-face clinical encounters are examples of some of the issues that may compromise the utilisation of valuable training opportunities.

To maintain the essential pipeline of trained medical staff, resumption of training must be given full support and a very high priority as services are planned and reintroduced. In the new scenario of delivering care (in the context of multiple long waiting lists and need for social distancing), Employers and Education Providers need to develop clear plans to address the shortfall in experience that has resulted from the loss of training opportunities during the pandemic.

These conflicting pressures and challenges will affect training in all areas of practice but particularly in craft specialties, where many procedures and diagnostic investigations have not been delivered during the pandemic.

Colleges and the Postgraduate Deans and their teams will need to work closely with their Local Education Providers and Trust / Health Board / Practice educators to ensure that postgraduate medical training, and the supervision of other healthcare learners and students, are given the priority they need. This will ensure that training can be delivered to the high standards required and that trainees will be enabled to progress and complete their training so that delivery of care will continue to be safe in the future.

We ask for your help in ensuring that all service plans include this attention to education and training and the need for dedicated time and opportunities to deliver high quality supervision and teaching.

Yours faithfully,



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