Wessex Deanery and H1N1 Influenza

This information is to ensure there is general understanding around issues to do with medical training in Wessex. The basic premise is that at all times we must act to ensure patient safety and provide as comprehensive a service as possible. We realise that this may compromise training in the short term but our aim will be to deal with this once the pandemic is over. This information is intended to complement Department of Health, Strategic Health Authority, Trust and local practice guidelines and policies.

Deanery Business Continuity
It is likely that at some point the Deanery will have a number of staff off sick with influenza. We will try to continue as normal a service as possible but if the numbers do increase we will look to reduce core activities in response. This may include support for Deanery committees and training including Record of In Training Assessment (RITA) and Annual Review of Competence Progression (ARCP) panels. We will endeavour to always have one telephone manned from 8.30 to 17.00 every weekday. We would ask that you try to telephone your usual contact first but if there are indications on voicemail that someone is ill then ring 01962 718424. We will answer or redirect your query if possible.

Rotations
Currently it has been decided nationally that the August rotation will occur. However, we may need in the future to suspend within Deanery rotations and Trusts may wish to stop within Trust movement of trainees to reduce the risk to patients and leave doctors working in areas in which they are more experienced and where they will not need new induction. If training is compromised through this we will manage this through the normal RITA/ ARCP/ Foundation processes by giving extra time or training as appropriate. The award of the appropriate RITA or ARCP will be accompanied by a standard letter explaining that this has been done because of the effects of the pandemic on training. Trainees should not be concerned by this as we will try to be as supportive and flexible as possible if this occurs.

Sickness and absence reporting
We would be grateful if Trust Directors of Medical Education/Clinical Tutors and medical personnel staff could keep careful records of the trainees who are off sick, including their grade and speciality, and forward this to the Recruitment Manager on a weekly basis. kerry.treagust@nesc.nhs.uk

National Information
A letter from PMETB which sets out its expectations of doctors in training during a pandemic is also available on the website. It stresses that all trainees should always work within their competence and with appropriate supervision.

All doctors should be encouraged to read the GMC’s Good Medical Practice – Responsibilities of doctors in a national pandemic (http://www.gmc-uk.org/guidance/news_consultation/medical_pandemic.asp)
We attach an appendix for general practice training that may be relevant to you. Please let us know if we are able to help in other ways.

H1N1 Influenza and GP Speciality training
Summary
This document outlines the options for reconfiguring speciality and foundation level GP training, and the mechanism by which suspension of training will be decided by the Wessex Deanery and the NHS South Central and West SHA with in their areas.

Background.
Current rates of H1N1 influenza are increasing rapidly. Recorded rates of influenza like illness vary markedly between SHAs, PCT areas and between individual practices within these areas. The highest current rates are within Gloucestershire and Swindon PCT areas (attached). August is a problematic month for general practice, due to annual leave for clinicians tending to be concentrated during these few weeks.
In the first week of August the following numbers of doctors will rotate in general practice training programmes across Wessex – most of whom will be relatively inexperienced in primary care work:
- 80 ST3 (most will have at least 6 months GP Training experience)
- 100 ST2 (up to 50% will have at least 6 months GP training experience)
- 133 ST1 (Some will have up to 4 months Foundation experience of GP)
- 304 F1 and 285 F2 (None will have GP clinical experience)

In addition there will be a loss of 70 experienced ST3 finishers who will leave the training programme to become self-employed qualified GPs, but who remain available for Primary Care provision outside training programmes.

The Wessex Deanery (across NHS South Central and South West) has already decided to allow GPSTRs during their final few weeks of training to contribute to the service needs of out of hours providers under appropriate supervision.
Whilst there is every chance that numbers of genuine cases and “the worried well” will start soon to tail off, it seems pragmatic to set out a strategic plan should clinical demand become unmanageable under current arrangements.

Principles
- Decisions on the local delivery of training will be taken at practice level by educational supervisors (GP trainers) at each.
- GPSTRs and foundation doctors can make a significant contribution to service delivery in a narrowly focussed area such as the management of acute infectious disease.
- GP Group Training activities (i.e. Day Release Programmes may need to be deferred to allow additional clinical activity by the trainees and to reduce the risk of rapid and simultaneous spread among this group.
- Local patch GP Associate Deans must be kept informed of significant changes made to the delivery of training.
- Suspension of training has major implications for trainees, practices and the Deanery. Decisions on this will be made at SHA level in discussion with each of its 3 Deaneries.

If clinical demand continues to escalate there are two main options to support service delivery:
1. Re-configuring of training
2. Suspension of training
Re-configuring of training

- Induction programmes for new trainees typically last 1-3 weeks and cover core skills such as the use of IT systems and prescribing, as well as wider orientation to the members of and workflows within the practice. Such inductions have recently been trimmed, due to greater prior exposure of F2, ST2 and ST3 trainees to primary care work. There is an opportunity to further shorten and focus this block of training to enable new trainees to safely but rapidly deliver useful service input. The “deferred” part of the induction should then be re-visited once clinical workload returns to normal.
- Whilst some early teaching sessions remain essential, it may be possible to delay others until later in training. It is important however that the total number of protected teaching sessions over 12 months remains the same – requiring a need for a later catch-up period.
- The use of non-front line clinicians for early teaching, will free up clinical sessions for service delivery, and should be considered where appropriate.
- Sharing tutorials/teaching with multiple trainees and between practices and peer assisted learning offers similar opportunities to maintain effective training in the presence of high clinical demand.
- It may be necessary to second a trainee to another approved training practice for a short period of time.
- The Deanery requests that such re-configurations are notified to the GP patch Associate Deans concerned, so that the situation can be carefully monitored across the Wessex area.

GP Patch Offices and Associate Deans

- Dorset - Dr Clare Wedderburn 01202 962 165 (hscgp@bournemouth.ac.uk)
- Mid-Wessex – Dr Simon Newton 01962 827 506 (ann.collins@winchester.ac.uk)
- Portsmouth and Isle of Wight – Dr Jonathan Lake and Dr Geoff Robinson 02392 835 099 (carly.darwin@ports.nhs.uk)
- Southampton – Dr Johnny Lyon-Maris 02380 796 751 (Theresa.lawrence@suht.swest.nhs.uk)

Suspension of training

- This option is discussed in the overall joint deanery pandemic influenza plan. It has major implications for trainees, practices, deaneries and SHAs. In particular it will inevitably cause major issues at the end of practice attachments needing additional resources for “catch up” training.
- Suspension would effectively transfer up to 4 additional clinical sessions per trainee per week towards clinical care (2 for each trainee and 1-2 for their trainer).
- Such sessions could be strategically focussed to areas of greatest clinical need.
- There is currently no clearly documented trigger point for deaneries to suspend training, and the need may well arise differentially within various PCT and practice areas. A situation may well arise where training is suspended in one locality, but not elsewhere.
- Any decision to suspend training will therefore be made by the responsible dean, in conjunction with the local training practices, host PCT medical director, GP HoS/Director and the SHA, and reviewed on an, at least, monthly basis.
- At that point “suspended” trainees will be deployed in a service capacity, for example at non-training practices, minor injury units or with OOH providers.