Guidance on Core Medical Trainees acting up as a Medical Registrar during the time of COVID-19

During the present coronavirus emergency, there will inevitably be shortages of appropriately qualified medical staff on acute medicine units and respiratory/general medical wards. There may therefore be great pressure on more junior medical staff to 'act up' in more senior roles and whilst this process may undoubtedly have educational benefits, it is essential that it is regulated appropriately. The main principles around this should be:

- Patient safety – ie ensuring junior doctors have the appropriate level of capability to perform in their enhanced role
- Trainee safety – ensuring that trainees are able to ensure their own personal safety and protection from infection within their new role
- Trainee mental health – ensuring that trainees are not being coerced or otherwise pressured into performing roles that they do not feel capable of fulfilling
- Educational benefit – although the principal driver of "acting up" will be service provision, it is important that any educational benefits are maximised (eg to allow the trainee to demonstrate that they have attained the appropriate level of capability for progression into the next year of training)

JRCPTB has previously published guidance on this but we have updated it specifically to cover the current emergency.

'Acting up' means that a trainee is practising at a level senior to the one that they have officially achieved. Acting up can provide an opportunity to gain experience at a higher level which can be an important part of a trainee's development. Specialty Registrars (STs) may act up at consultant level for three months in the last six months of their training and Core Medical Trainees (CMTs) may act up as a medical registrar. For the purposes of this document, the term CMT refers to both CMTs and ACCS-AM year three trainees in recognised training programmes, but not to doctors in non-training posts.

There are three likely circumstances when a CMT might act up as a medical registrar:

1. To cover an on-call shift
2. To cover an unfilled post for a more prolonged period
3. As an educational opportunity

It is recognised that in a small number of Trusts, it is the norm for CMTs to be the senior resident physician when they are on call out of hours. JRCPTB do not recommend this, particularly for CMTs without MRCP(UK), and certainly not in the case of CT1s. Where this does occur, the standard operating procedures of the Trust should take precedence over this guidance, but it is especially important that the general principles of competency assessment and enhanced clinical supervision outlined below are applied.

General Principles applying to all three circumstances

- A risk assessment should be carried out to ensure that it is safe for the CMT to take on a more senior role; for example, the trainee's competence to carry out relevant practical procedures should be assessed and if he or she is unable to perform any of these independently, another competent individual must be identified, available and easily contactable. This is in line with the Federation statement on Practical Procedures – also updated April 2020. Individual Trusts and/or local education offices (LEO) or equivalents should have a clear policy, which is consistently adhered to, on how this risk assessment is carried out and who is responsible for declaring that a CMT is competent to act up (for example, the Head of School, the CMT Training Programme Director, the Trust's College Tutor or another named individual). If a CMT is acting up in an on-call shift out of hours, the supervising consultant must be made fully aware of the level of competence of the CMT and a decision should be made as to whether the consultant should be resident on call as well. Individual Trusts' and/or LEOs' or equivalents' policies should state clearly how this decision is made, who is responsible for making it and how and where the relevant decisions should be recorded

- JRCPTB recommends that, where at all possible, acting up should only be for CT2 trainees

- The level of clinical supervision should be enhanced to reflect the relative inexperience of the trainee; the CMT must be aware of what senior support is available and how to access this in a timely way

- The period acting up should be used to enhance the trainee's CMT competencies and/or confidence acting as a medical registrar

- Any time acting up will count towards core medical training and not towards higher specialist training

- Having had experience acting up may give a trainee an advantage in the future, for example, when applying for posts. It is therefore important that all relevant Human Resource processes, including those related to equality and diversity, are followed

- The frequency of this happening should be monitored via deaneries/LEOs or equivalents via their usual QM mechanisms.

- Acting up should, if possible, occur in hours rather than out of hours.

1. Covering an on call shift

- Requests to do this are generally made by the trainee's employer, often at short notice, when a member of the on-call team is absent. The prime purpose is to deliver service and to ensure patient safety

- CMTs should only be asked to do this when all other options for covering the absence have been exhausted

- Preferably, the trainee's educational supervisor (or, as a minimum, their clinical supervisor or another consultant within the department with whom they have worked recently) should indicate that the trainee is capable of acting up

- CMTs must feel confident to take on the role and should have the right to refuse to do so

- Possession of MRCP(UK) is desirable but it is a well established principle that possession of MRCP(UK) is neither necessary nor sufficient to qualify someone to take on the role of medical registrar and so it is not essential that someone acting up should have MRCP(UK)

- If a CMT is acting up on a shift when he or she is already due to be working as a CMT, it is essential that his or her CMT duties are covered by another doctor so that he or she does not have to perform both roles

- The CMT should record their shift within the ePortfolio (by reflecting on it) and document what benefit they derived from it and which consultant approved it.

2. Covering an unfilled post for a more prolonged period

- This opportunity generally arises when an ST3+ placement in a training programme has not been filled. The CMT is effectively working as a "locum" ST3. There are two potential barriers. Firstly, the CMT will generally not have completed two years of post-Foundation training and so will not meet the ST3 person specification. Secondly, the ST3 placement will not be a recognised post in the CMT's training programme. These barriers can be circumvented by the Trust's HR Department temporarily re-badging the placement as a CMT post and the Postgraduate Dean or his/her nominated deputy approving it for core medical training on an *ad hominem* basis

- Possession of MRCP(UK) is desirable but it is a well established principle that possession of MRCP(UK) is neither necessary nor sufficient to qualify someone to take on the role of medical registrar and so it is not essential that someone acting up should have MRCP(UK)

- The trainee must have been making good progress through training, have had most CMT competences signed off and have had a satisfactory portfolio review by the CMT Programme Director or nominated deputy (plans should be made for how outstanding CMT competencies may be demonstrated during the period of acting up)

- The time acting up must not adversely affect the breadth of general training and, in particular, it should not result in the CMT missing a planned placement in one of the core specialities (respiratory, cardiology, gastroenterology, endocrinology & diabetes, geriatrics)

- The time acting up should not result in the CMT spending more than six months in a single specialty

- The trainee's educational supervisor must indicate how the time acting up will enhance the trainee's development (for example to gain experience in a speciality which is not included in the trainee's rotation). This should be documented in the trainee's ePortfolio

- The placement should be in the same Trust* (see exception below, marked *) as the CMT is normally working (so that the local College Tutor and Clinical Director can ensure that the time out of core medical training will not lead to any risk to service delivery or the training of other trainees). Any waiver of this must be agreed with the Director of Medical Education of the Trust 'losing' the CMT

- In cases where acting up does occur in another trust, the Deanery/LEO or equivalent must ensure that all necessary governance processes, clinical and educational, are in place in the receiving trust

- The period acting up should be three months or less

- The time acting up should be in the last six months of CMT2

- Suitability for an application to act up should be discussed with the CMT Training Programme Director who will make a decision based on the above criteria

- If the trainee is not content with the decision the Head of School will be asked to arbitrate, and his/her decision will be final.

*The only exception to this is if the trainee is applying for a clinical placement in a speciality (e.g. palliative care), for which there are no suitable training posts in the Trust in which the trainee is working.

3. Acting up purely for educational purposes

- It is best practice for all CMTs to be given this opportunity as outlined in the CMT Quality Criterion B.ii: "Arrangements for 'acting up' as a medical registrar to normally be tailored to all CMT2 doctors (with appropriate supervision) once they have passed the full MRCP(UK)"

- The purpose is to give CMTs the opportunity to build competence and confidence in working as a medical registrar in a closely supervised environment

- This is therefore best carried out in day time shifts

- The CMT should be given constructive feedback on his or her performance immediately following the period acting up, ideally in the form of a WPBA such as an ACAT.

The contents of this paper are for guidance only and individual Schools of Medicine may choose to adapt them for local use.

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