

# Guidance on resumption of training

July 2020

## Introduction

Following on from our statements about the [safe return to Sexual and Reproductive Healthcare \(SRH\) service provision](#) and the [use of PPE](#), many of our members have questions about how to safely restart the delivery of both specialist and general SRH training.

We support [the statement, by the Academy of Medical Royal Colleges \(AoMRC\), that there is a need for a return to training, education and professional development in order to provide the essential pipeline of healthcare staff](#).

Maintaining a trained workforce is imperative for future delivery; staff should be supported and provided with education and training that will ensure adequate preparation of current and future staff to deliver services that meet the SRH needs of the population. Training must not be overlooked when service pressures and reduced productivity are present.

As COVID-19 is likely to be an ongoing challenge for the foreseeable future, we will need to adapt our practice and learn to deliver SRH training in new ways. Our challenge is to reduce healthcare-related COVID-19 acquisition whilst being mindful of the need to create and maintain a sustainable SRH workforce. We recognise that capacity for training within primary care and community services will vary enormously across the UK.

### General principles for safe practice

- Abide by the **physical distancing rules** at all times when with **patients, colleagues and trainees**. If closer contact is required, appropriate PPE must be worn.
- While physical distancing remains, initial consultations should be done remotely, including for training purposes. If face-to-face contact is necessary, it should be for the shortest possible time.
- Minimise the number of healthcare professionals (HCPs) dealing with each patient.
- Minimise conversation between the trainer, trainee and patient, especially when a procedure does not allow healthcare professionals to maintain physical distancing.
- Local protocols should be followed to minimise risk of transmission at the time of any procedure.
- Use the largest, well-ventilated room available for training to accommodate the trainee.
- Plan clinic sessions with longer consultation times allowing adequate time for training and room cleaning thus minimising the waiting time for patients.

## Training principles

- Trainers should consider their own personal risk assessment for COVID-19 in deciding whether to conduct training - consider local prevalence of infection, significant health conditions, pregnancy status, age and ethnicity
- Perform a similar COVID-19 risk assessment of the trainee or candidate
- Gain patient consent for training including discussion of the need for several people to be in the room during their consultation/procedure.
- Maximise the use of remote teaching methods.
- Consider use of all healthcare facilities – including independent providers where appropriate.
- Prioritise the training needs of staff members within your service, including those on short term rotations, before opening up to external trainees from other services.
- Some practical procedures pose additional risks so may need to be delayed; e.g., implant removal training compared to intrauterine contraception fitting.
- Consider how to protect, support and incorporate education and training in the event of a further surge.

## Diploma of the Faculty of Sexual and Reproductive Healthcare (DFSRH) training

### Current pathway

- Trainees on this pathway should be prioritised for training where possible as they need to complete and submit their application by the end of March 2021.
- Our General Training Committee (GTC) has agreed that remote (telephone or video) consultations are acceptable for Assessments of Clinical Practice (ACP) and Reflection and Discussion of Clinical Practice (RDCP).

### Redesigned DFSRH pathway (to be launched Autumn 2020)

- The redesigned DFSRH pathway will be managed on our new Learning Management System (LMS). Many of the learning and assessments will be able to be conducted online or remotely, including remote clinical assessments. However, some face-to-face contact between candidate and trainer will be necessary.
- Potential candidates wishing to start some advanced preparation can access the [eSRH modules on eLearning for Health](#). There are also some specific e-learning modules and five pieces of background reading/investigation which could be undertaken now and later used as part of the DFSRH independent learning portfolio.
- Our [redesigned DFSRH trainer guide](#) provides information to support potential candidates.

### Letter of Competence Intrauterine Techniques (LOC IUT)

- Model uterus training can be conducted according to current physical distancing measures.
- Mini-Clinical Evaluation Exercise (Mini-CEX) for the contraceptive choices consultation and pre-insertion consultation can be assessed remotely.
- PPE as recommended by PHE/local guidelines should be worn for all practical training including when the trainee is observing a demonstration fitting of an IUC, and also when the trainer is supervising the trainee, as they may need to take over the procedure. This PPE normally includes gloves, apron, fluid resistant (IIR) mask and eye/face protection for the trainer and trainee, plus the patient should wear a face covering.
- The presence of the trainer and trainee means there is no need for an additional HCP to be present in the room during the procedure.

### Letter of Competence Subdermal Implants (LOC SDI)

Implant training could be associated with greater risk of COVID-19 transmission than intrauterine technique training, as the clinicians will be working closer to the patient's face.

Implant removal could be associated with greater risk of COVID-19 transmission than insertions, particularly when done by trainees, as these will often take longer.

### Letter of Competence Subdermal Implants Insertion and Removal (LOC SDI-IR)

- Model arm training can be conducted according to current physical distancing measures.
- Mini-CEX for the pre-insertion consultation can be assessed remotely with the trainer observing a live or recorded video consultation.
- PPE requirements for live patient training are the same as for IUC training.
- Ideally insert the local anaesthetic, move away for a minute or two to allow it to take effect, then return to patient's side to undertake the procedure. Encourage the patient to turn their face away from you and only speak if essential.
- Once insertion training has been completed and signed off by the trainer, the trainee can be permitted to fit implants during their day-to-day practice prior to the completion of their removal training. However, the LOC SDI IR will only be awarded after both insertion and removal training have been completed. This training must be completed within the following timescales - within 2 years of passing the eKA and within 18 months of taking eSRH Module 17. Only in exceptional circumstances will these timelines be extended.

### Letter of Competence Subdermal Implants Insertion Only (LOC SDI-IO)

- LOC SDI IO is **only open to staff working in maternity and abortion services.**
- FSRH wish to promote the recently revised LOC SDI IO qualification and encourage maternity and abortion care service providers to invest in training their staff to achieve this competence. This will ensure that long-acting reversible contraception can be provided to women whilst under the care of these services, reducing the number of appointments required to access reliable contraception.
- The training of this group of HCPs should be prioritised if possible.

### Letter of Competence Subdermal Removal Only (LOC SDI-RO)

- LOC RO is a less commonly taken qualification. Trainees requesting this training often have good surgical skills which may facilitate training. Trainers will need to make a risk assessment of the specific training situation.

### Other FSRH teaching

**Essential Contraception for Midwives** and **Essential Contraception for Abortion Care Providers** have been adapted for online delivery over a half day. These are less interactive than the face-to-face courses, but still deliver the stated learning outcomes in an interactive and enjoyable way.

We are currently working on adapting **SRH Essentials for Primary Care** to be delivered remotely. This full-day course will be divided into modules. We will inform all facilitators once this has been completed.

### CSRH Specialty training

Specialty training has not stopped, but many trainees have been redeployed away from their usual places of work. Trainees will have learned a great deal during this time, but probably not what they expected to learn. The experience may also have been stressful and difficult. The whole training system recognises and values what they have done and is here to support them.

### Top tips for trainees

- Trainees should keep in touch with their Educational Supervisors (ES) throughout their training and with any concerns they may have.

- All aspects of practical training may not be possible as planned due to COVID-19. This will not impede progression of any trainee and they should concentrate on maximising learning experiences from the current situation. For example, they should undertake training in remote consultations, consider audit / patient feedback on this aspect. Trainees should note it is possible to complete Case Based Discussions (CBD) on remote consultations.
- Try to get involved with service change planning, attend meetings, help to write guidelines.
- Trainees should make sure they read their Trust's documents about adapting services to the current situation.
- Try where possible to get Workplace Based Placed Assessments (WBPA) and feedback from services that they have been redeployed to (only if this does not feel intrusive). It is appreciated Trainees will be worried they cannot achieve all competencies and the expected WPBAs, the ARCP panel will take account of the current COVID-19 situation at the ARCP meeting, "meeting and trainees' progression will not be impeded.
- A [decision aid](#) has been produced which all Trainees should use when they begin their Educational Supervisors Report in preparation for their ARCP.
- [There have been 2 new ARCP outcomes and guidance which take into account COVID-19 by the HEE](#). Trainees should consider whether one of these might apply to them.
- Trainees should reflect during this time, as this is beneficial both now and in the future. Trainees should upload reflections to their ePortfolio as often as they feel it to be helpful.
- The trainee's network is essential during this time and they should try to support each other, try to organise regional training by Zoom or Teams when possible, and keep in touch with other Trainees via the Trainees' network.

### **Top tips for trainers**

- Trainers should support their trainees; [HEE have produced a variety of documents around flexibility and ways of supporting Trainees](#).
- Reach out to your Trainees, try to have regular Educational meetings even if remotely. Trainers should plan a return to training, catch up activities and discuss and start Educational Supervisors Report if the ARCP will be in 2020, or if a Trainee is going out of programme for any reason.
- Please keep in touch with your Training Programme Director (TPD), DME and FSRH Education & Training team. These teams are here to assist with any issues you may have.