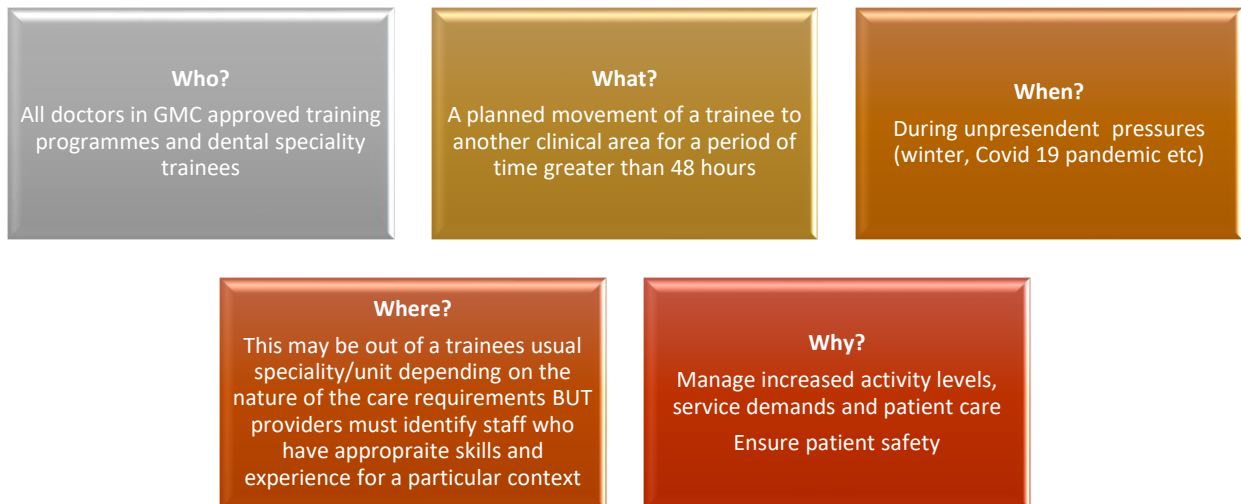


## Redeployment

With winter approaching and pressures on the NHS at unprecedented levels we thought it was an appropriate time to revisit the notion of redeployment and summarise the most recent guidance.



## FAQ's

### 1. Can a provider/employer enforce redeployment?

It is the overriding purpose of a trust/ training provider to serve the needs of its patient population safely and effectively. Additionally, all doctors and dentists have a professional duty to help patients in need and there is an expectation that trainees will assist providers to meet exceptional services demand, however, redeployment is voluntary. Trainees must be consulted and agree with changes to their working practices as early as possible.

Providers must proactively identify which staff groups would have the appropriate skills and experience for different contexts.

For example, postgraduate doctors in surgical specialties, whose lists have been cancelled are not necessarily the appropriate group to redeploy on the Emergency Medicine department but might more usefully work on the wards to supervise earlier discharge of post-surgical patients.

It is always advisable to approach discussion regarding redeployment reasonably. There may be certain circumstances (e.g. Covid pandemic) where an employer will be within legal rights to insist on changes in employment and refusal to comply could be viewed as a disciplinary manner. Each situation should be individually assessed.

## **2. Is a last-minute request to cover another clinical area considered as redeployment?**

Employers can request that any doctor or dentist cover for unforeseen circumstances for up to 48 hours. This is not redeployment. If a trainee is asked to do this and it detracts from an education or training opportunity (clinic, theatre session etc), it is advised that the trainee exception reports.

Redeployment arrangements cannot be used to address workforce shortages or rota gaps, regular winter pressure or bag logs in care as these are not exceptional pressures.

## **3. How will redeployment effect my training?**

Before considering any potential changes an educational provider/trust must ensure that there are sufficient levels of increased activity or service demands which necessitate the need for redeployment as there may be implications for training.

It is essential that doctors and dentists in training continue to train, and have appropriate education and clinical supervision in place. Providers have a responsibility to deliver a safe environment to enable training to occur and redeployment arrangements must be reviewed regularly.

If a trainee is redeployed, there is always the opportunity for them to learn from the experience. It is suggested that Directors of (Medical) Education (DME's) could usefully produce some educational outcomes which might range from involvement in planning at senior management level to reviewing different clinical experience.

## **4. Are there any trainees who are exempt?**

- Foundation Year 1 doctors, recognising that these posts are super-numerary and are pre-registration roles
- Trainees currently identified as needing extensions to training or having additional training needs (usually on a current ARCP outcome 3 / 10.2/outcome 2 / 10.1 )
- Trainees in 'high risk' specialties are not redeployed if their specialty workload is continuing (e.g., operating / diagnostic lists)
- Final year trainees where a redeployment would likely impact completion and progression.

## **5. Who is responsible for redeployment locally?**

The Director of Medical Education and Specialty College Tutor locally should be consulted on all potential redeployments prior to seeking approval from HEE. For Foundation doctors, the Foundation Programme Director should be included. The Postgraduate Dean remains the Responsible Officer for doctors and dentists in training.

## **6. Who to contact with concerns?**

If you have concerns regarding potential or confirmed redeployment or consider it to be unsuitable contact the DME in your trust. There is an official process that must be followed prior to redeployment, and they can review if this has been followed and the move is appropriate.

Further information can be accessed at the links below.

[redeployment\\_guidance\\_final\\_v2\\_1.pdf \(yorksandhumberdeanery.nhs.uk\)](#)

[COVID-19: staff redeployment \(bma.org.uk\)](#)