Dear colleagues

We are writing to share with you the findings of two trainee-delivered surveys on the impact of halting rotations during the first wave of the pandemic and to highlight subsequent reflections from a Twitter debate on the subject. We hope that these reflections will provide valuable insight from a trainee perspective. It has been a significant time of change and upheaval for the NHS and trainees this year. While speed and efficacy have been critical to the pandemic response, these reflections can help us to inform ways of working in future.

The starkest finding from the surveys was the significant regional variation in the approach to halting rotations, ranging between 7 and 58% of trainees who had their rotation in April 2020 halted. Significantly, even in areas of low disruption to the rotation, as many as 55% felt they had lost opportunities for progression and 40% felt their training had been adversely affected.

Engagement with doctors in training and postgraduate medical education are key areas of focus for the RCP, including a focus through our journals. To this end, we have recently appointed six associate trainee editors across Clinical Medicine and Future Healthcare Journal. We held our inaugural Twitter RCP journal club on 5 November 2020, debating the decision to halt rotations for trainees during COVID-19, informed by two trainee-led and trainee-delivered surveys that reported the impact of halting rotations.

We report three key themes that emerged from the debate of these two surveys. Firstly, there was a sense that trainees and supervisors felt devolved from the decision-making process and that rapid and responsive communication with decision makers was needed.

Secondly, the variation in how teaching opportunities were maintained during the initial phase of the pandemic was highlighted. There has been a rapid utilisation of digital platforms and exemplars of outstanding teaching programmes across various institutions and disciplines, including the specialty, trainee and COVID response series on RCP player. However, from one survey, only 27% felt that they received training during this period.

Finally, the loss of valuable experience in specialties such as psychiatry, primary care and emergency medicine, where it is difficult to access standalone posts without prior experience, was highlighted. There has been significant investment in early exposure and recruitment to these specialties, and it was felt that the loss of these rotations had a burden on the career trajectories of trainees, but also on wider workforce
needs. In addition, participants of the debate felt that training should not be extended any further, considering the length of the UK training pathway for some specialties.

Feedback from the debate and surveys highlighted the following six reflections:

1. Trainees and supervisors should be engaged early in major decisions to changes to training at a local and regional level.
2. The potential role of a network of regional education multidisciplinary teams that include trainees, supervisors, local and regional postgraduate education teams and service managers.
3. Curriculum mapping, robust evaluation and assessment of impact for virtual learning activities are required.
4. Sharing of good practice for digital platforms and activities should be encouraged.
5. Standards and mechanisms for quality assurance are be required for the integration of virtual learning activities into postgraduate medical education.
6. Provide initiatives to mitigate missed opportunities, for example, taster weeks in specialties such as Primary Care, Psychiatry and Emergency Medicine for rotations that were missed.

The authors of this letter would be happy to discuss the findings in more detail if it would be helpful to you. Please contact Anenta Ramakrishnan at ar203@ic.ac.uk.

Yours sincerely,

Anenta Ramakrishnan,
Associate editor, Clinical Medicine and Future Healthcare Journal

Michael FitzPatrick,
Co-chair, Royal College of Physicians Trainees Committee

Matthew Roycroft,
Co-chair, Royal College of Physicians Trainees Committee

Kevin Fox,
Editor in chief, Future Healthcare Journal

Anton Emmanuel,
Editor in chief, Clinical Medicine and medical director of publishing for the RCP

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