

COVID-19, remote working and paediatric training: what can we learn?

The COVID-19 emergency has been a challenging but innovative time for the National Health Service (NHS) and paediatrics. Enhancing patient care through use of digital technology was already recognised in the NHS long-term plan.¹ Remote consultations, working and learning have rapidly accelerated and become established ways of working during the COVID-19 emergency. This rapid deployment must be used to help inform new models of care and training in paediatrics as outlined in a recent the Royal College of Paediatrics and Child Health (RCPCH) project 2040 report.² Here we consider some of the new remote working and learning opportunities

available to trainees, how they can be used and we propose formal integration into future postgraduate and undergraduate curricula and training programmes.

Table 1 details remote working activities identified as suitable for trainees within our region. Examples of how the RCPCH progress curriculum can be developed working remotely or using virtual platforms are also described. Telephone and video consultations require new technical and clinical skills to assess and communicate with patients. The importance of being able to use technology and safely manage patients remotely are skills trainees now need to develop and we propose should become core elements of the RCPCH progress curriculum.

Multidisciplinary team meetings can be done over virtual platforms.

Table 1 Remote working activities for trainees and how they can be accessed, relevant to the current curriculum, supervised and evidenced

Remote working activities	Relevant platform(s) required	Relevant curriculum domain	Supervision/metrics
Clinical work			
Telephone/video clinics	▶ Access to electronic medical records, remote dictation and prescribing, clinical guidelines	▶ Professional values and behaviours ▶ Communication	▶ Regular communication with supervising consultant by email/phone
Providing ad hoc patient advice in response to queries	▶ Access to electronic medical records, remote dictation and prescribing	▶ Patient management ▶ Health promotion ▶ Leadership and team working	▶ Completion of WBAs
Prescriptions	▶ Access to remote prescribing	▶ Patient safety ▶ Safeguarding ▶ Grid subspecialty curriculum	
Teaching			
Attending and delivering remote teaching sessions	▶ Access to meeting platforms such as Microsoft Teams/Zoom	▶ Education and training ▶ Grid subspecialty curriculum	▶ Feedback from teaching ▶ Evidence of attendance/completion
Online learning modules/webinars	▶ Knowledge of available resources		
Governance			
Developing new or updating existing clinical guidelines/SOPs	▶ Access to existing guidelines/SOPs	▶ Quality improvement ▶ Patient safety	▶ Regular communication with appropriate supervisor
Developing new or updating existing patient information resources	▶ Access to existing resources	▶ Leadership and team working ▶ Communication ▶ Grid subspecialty curriculum	▶ Ability to attend relevant meetings to share and discuss outcomes
Clinical audit	▶ Access to relevant patient notes/data		▶ Completed projects recorded on ePortfolio
Leadership/management			
Designing/adapting rotas according to service needs	▶ Access to existing rotas/rota design platforms	▶ Leadership and team working ▶ Quality improvement	
Service improvement projects	▶ Access to relevant resources	▶ Patient safety ▶ Grid subspecialty curriculum	
Research			
Completing research projects	Access to relevant data/full-text articles	Research	▶ Communication with appropriate supervisor
Writing up projects for presentation at conferences or peer-reviewed journal	Access to relevant data/full-text articles		▶ Completed projects recorded on ePortfolio

SOPs, standard operating procedures; WBAs, work-based assessments.

Examples in our own service include clinical–radiology meetings. Benefits may include learning experiences available to those working in tertiary settings being accessible by those in other locations such as network hospitals and increased opportunities to develop subspecialty interests and networking. Clinicians providing remote clinics may release vital outpatient room capacity for when face-to-face appointments are essential, thus also increasing training opportunities in face-to-face clinics.

Trainees redeployed to emergency rotas or working from home have accessed teaching through platforms such as Zoom and Microsoft Teams. This appears to provide many advantages, including shared learning for trainees across different specialities, geographical areas and interdisciplinary learning. We have noted increased frequency of teaching sessions, high attendance and engagement demonstrated by use of chat functionality. Recording of sessions allows trainees delayed access to teaching.

Retention in paediatrics remains a significant challenge,³ and remote working offers potential to improve trainee experience and improve retention. It may facilitate

training at home, reduce time spent commuting, improve challenges associated with arranging childcare and facilitate reintegration to training for those on return from maternity/out of programme.

All paediatricians should consider how new models of working and training can improve the future of paediatrics in the UK.

The potential benefits and opportunities offered by remote working and learning outlined here are examples and by no means exhaustive. As we work during this time of pandemic, all paediatricians should consider how remote working practices can improve delivery of care and develop training locally and nationally.

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