**Guidance for Face to Face teaching and training during COVID-19 pandemic**

It is expected that during the current COVID-19 pandemic, in line with government policies to reduce the likelihood of viral transmission, that almost all regional teaching events will be expected to be conducted virtually. It is appreciated that there will very occasionally be some teaching and training that, due to its content, needs to be held face to face.

**NB** Local teaching within a Trust environment should be managed under the Trust Social Distancing and Risk policy.

The criteria by which events will be judged are set out below:

The content is:

* time critical (e.g. skills training for the current or next role/job)
* directly linked to the curriculum of the trainee
* the content is required to be delivered face to face and cannot be delivered using other routes

If it is absolutely necessary to hold face to face teaching then :

* Can appropriate social distancing be maintained ?
* Is electronic access provided for those shielding/ self-isolating and can sessions be recorded for those unable to attend ?
* is appropriate PPE provided if the training required breaches social distancing rule eg see COVID-19 toolkit on high fidelity simulation guidance.

**Process**

1. If a face to face is planned, in line with the above criteria, the organizer(s) should complete the Risk Assessment form and F2F Teaching and Training post Covid Request Form (All columns must be completed ).
2. If a trainee wishes to run a F2F teaching event please ensure the Head of School/ Training Programme Director or Educational Supervisor supports your request (By submitting the Request Form and Risk Assessment it will be assumed agreement has been given)
3. External venues should not be used except in extenuating circumstances – ie simulation – and prior approval is needed from the Deanery
4. Forward both forms to the Study Leave inbox [StudyLeave.sw@hee.nhs.uk](mailto:StudyLeave.sw@hee.nhs.uk) using a subject heading: **F2F Teaching Request Form.** Please submit the forms at least 2 weeks before the event.
5. A member (or members) of the HEE Senior Education Team will review the documents and the outcome will be returned within 2 working days from receipt of the request.
6. F2F Regional teaching should not take place without prior approval from the Deanery
7. If there are any costs associated with the training (eg simulation) please include this (or indicative cost)
8. In the event that there are any associated costs an indicative or actual expenditure needs to be identified on the Teaching and Training Request Form. Invoice(s) should be sent to the Study Leave inbox OR included on the monthly Study Leave Return Form, with the reference number, within **1 month** of the event having been held in order for this to be actioned. It is the responsibility of the Requestor to ensure the invoice is sent to HEE.

**F2F Teaching and Training post COVID-19 Request Form**

**School and Programm: …………………………………………………………….. Name of Requestor (In full plse) : ……………………..……………..………………**

**Date of Course: ………………………………………..……. ………………………… Email address: ……………………………………………………………………………**

**Name of Course:……………………………………………………………………..… Position: HoS/ TPD/ ES / Trainee (delete as applicable)**

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| --- | --- | --- | --- | --- | --- | --- |
| **Time Critical** | **Directly linked to the Curriculum** | **Cannot be delivered on-line (MS Teams)** | **Risk Assessment Form completed (appropriate social distancing can be maintained)** | **Is electronic access provided for shielded trainees or self-isolating** | **Training delivered in NHS venue (if not please indicate the reasons for not using NHS meeting space)** | **Any associated costs (please indicate what these are)** |
| **Yes/ No** | **Yes/ No** | **Yes/ No**  **Reason why it cannot be delivered on line :** | **Yes/ No** | **Yes/ No** | **Yes/No**  **Reason for not using NHS meeting space:** | **Yes/No**  **Costs:**  **Provider:** |

**For HEE Office Use Only: Reference Number: ……………………..…………… Date Received : ………………………………**

**Date Returned : ……………………………..**

**Approved : ………………………………………………………………………………………………………………………. (Name of Senior Education Team Member)**

**Not Approved : …………………………………………………………………………………………………………..……. (Name of Senior Education Team Member)**

**Reason for not approving: ……………………………………………………………………………………………………………………………………………………………………………**