

COVID-19 and Annual Reviews of Competency Progression for specialty training programmes 2020

Supplementary guidance for trainees and HEE PGME local teams

NB: This guidance relates to ARCPs for specialty training programmes only. Separate guidance regarding ARCP arrangements for Medical Foundation and Dental training has been published.

Interim edition – 1 May 2020

Final edition (including Appendix 1 - Links to Covid-19 ARCP decision aids/panel guidance produced by Medical Royal Colleges to be published on 11 May 2020)

1. Introduction

- 1.1. This document is supplementary to but aligned with the guidance issued by the Statutory Education Bodies (SEBs) of the 4 nations published on 21 April 2020 “Supporting the COVID-19 Response: Enabling Progression at ARCP” together with joint guidance with the GMC regarding “2020 ARCP recording where coronavirus (COVID-19) has impacted on trainee progression”. These documents detail the agreed derogations from the Gold Guide regarding the delivery of ARCP.
- 1.2. These revised arrangements are in direct response to the impact of the Covid-19 pandemic and, as such, are exceptional and not intended to set a precedent for future ARCP arrangements.

2. This guidance aims to:

- 2.1. Reduce uncertainty for trainees and trainers around ARCP requirements
- 2.2. Set clear requirements for supervisors, reducing administrative burden and increase capacity to deliver clinical work in this time of national emergency
- 2.3. Ensure that any doctor who is functioning at the appropriate standard receives a successful ARCP Outcome.
- 2.4. Minimise number of ARCP Outcome 5s delivered (holding position whilst awaiting further information) and therefore reduce workload for trainees and panels.
- 2.5. Outline the process to identify those trainees who have not reached the required standard and highlight those individuals to their respective schools to access support.

3. Preparing for ARCPs - Trainees

- 3.1. All ARCP panels will be conducted in absentia i.e. attendance by trainees is not required.
- 3.2. Trainees will be notified of the date that their panel is scheduled to take place. The agreed timelines for notifying trainees of the ARCP process will be followed wherever possible, but there may be instances where this may not be the case.
- 3.3. Trainees will be notified of the date by which they are required to have uploaded evidence (inc Form R and Self-declaration form – see below) to their e-portfolio.

4. Delivery of ARCPs

- 4.1. HEE local teams have been asked to provide the required capacity to undertake ARCPs panels as close to the normal timeline as possible.
- 4.2. Assessors will not be required to travel and virtual panels for the ARCP process using videoconferencing, telephone or similar will be utilised.
- 4.3. Panel composition:
 - 4.3.1. Minimum of 2 panellists - a Head of School (HoS), Associate Postgraduate Dean (APD) or Training Programme Director (TPD) should be present. An ES can also contribute provided they are not the ES for the trainee.
 - 4.3.2. Where more than one specialty is being assessed in the same panel (e.g. dual training or sub-specialty training in parallel with main specialty training) or where the doctor in training is on an integrated academic programme, the panel will normally include relevant specialist/sub-specialist/academic input.
 - 4.3.3. The Defence Deanery will be invited to send a representative for any military doctor in training having their progress reviewed.
 - 4.3.4. Best practice is for all panel members to have valid equality and diversity training and will receive training on the ARCP process.
 - 4.3.5. Lay advisors are not necessary.
 - 4.3.6. Medical Royal College external advisors are not necessary.
- 4.4. Occasionally, it may not be possible for an HEE local team to facilitate a panel e.g. unable to host a compliant reduced panel. In these circumstances:
 - 4.4.1. Approval to delay the ARCP will be sought from the local postgraduate dean
 - 4.4.2. HEE local team will inform the trainee
 - 4.4.3. Trainee will be issued code N13 with reason specified as Covid-19 (see Appendix B, Table 3)
 - 4.4.4. In order to minimise the administrative burden on HEE local teams, code N13 will be recorded within the HEE Trainee Information System but will not be recorded in the e-portfolio. This approach will still support reporting to the GMC as ARCP data is generated from the HEE Trainee Information System.

- 4.4.5. The requirement to hold an ARCP within 15-months remains.
- 4.4.6. ARCP must take place within 3-months of commencing the next year of training or aligned to examination dates if applicable and HEE local teams will provide trainees with a revised date.

5. Critical progression Points

- 5.1. Each training programme will have critical progression points where a decision will need to be made about progression to the next stage of training. Examples would be where progress is dependent on success at a professional examination or approaching completion of core or specialty training programmes.
- 5.2. Medical Royal Colleges have been asked to consider carefully the criteria for progression at critical progression points in light of the current national emergency and to work with the GMC to allow safe progression where possible (see Appendix A).

6. Use of Outcome 10

- 6.1. **Wherever possible, the usual ARCP Outcomes should be used (GG8:4.91).** Items 6.2-6.10 have been extracted from [“Supporting the COVID-19 Response: Enabling Progression at ARCP”](#) and are included here for ease of reference.
- 6.2. In recognition that the outcome of an ARCP may be affected by COVID-19 through no fault of the trainee, the SEBs have agreed that two new ARCP outcomes should be introduced for 2020.
- 6.3. Outcomes 10.1 and 10.2 recognise that progress of the trainee has been satisfactory but that acquisition of competences/capabilities by the trainee has been delayed by COVID-19 disruption. These are therefore ‘no-fault’ outcomes.
- 6.4. Outcome 10.1 should be used when a trainee is not at a critical progression point in their programme and facilitates the trainee to progress to the next stage of their training. Any additional training time necessary to achieve competences/capabilities will be reviewed at the next ARCP.
- 6.5. Outcome 10.1 should be used when a trainee is at a critical progression point in their programme where the relevant Medical Royal College or Faculty has amended the curriculum and mandated that the competences/capabilities can be acquired at the next stage of training . Any additional training time necessary to achieve competences/capabilities will be reviewed at the next ARCP.

- 6.6. Outcome 10.2 should be used when a trainee is at a critical progression point in their programme where there has been no derogation to normal curriculum progression requirements given by the relevant Medical Royal College or Faculty (e.g. specific professional examination; mandatory training course). Additional training time is therefore required before the trainee can progress to the next stage in their training.
- 6.7. Outcome 10.2 should be used when a trainee is at the critical progression point of approaching CCT as additional training will be required before the trainee can complete their training.
- 6.8. A trainee has the right to request a review of an Outcome 10.1 in accordance with the process set out in GG8:4.164-4.165.
- 6.9. A trainee has the right to appeal against an Outcome 10.2 in accordance with the process set out in GG8:4.166-4.179.
- 6.10. A supplementary C code should be used to indicate the nature of the disruption to the trainee. Multiple C codes can be selected to best describe all the circumstances affecting an individual trainee (see Appendix B).
- 6.11. Trainees assessed during COVID-19 and awarded an ARCP Outcome 3 who believe that a 'no-fault' Outcome 10 should have been awarded, can appeal that decision. If the appeal is upheld, the Postgraduate Dean has discretion to make a derogation from the Gold Guide (GG8:1.12) overturning the Outcome 3 and awarding an ARCP Outcome 10.2. (See 12 below.)
- 6.12. Trainees who receive an Outcome 10.1 or 10.2 will receive an action plan/self-development plan which will set out the capabilities expected by the time of the next ARCP/during any subsequent extension to training.

7. Providing evidence for ARCP panels

- 7.1. While the specific evidence required will be defined by Medical Royal Colleges for each training programme, it has been agreed that the review of evidence should be as "light-touch" as is compatible with patient safety. This should reduce to a minimum the burden on trainees and trainers at this difficult time. Where possible, a global, holistic judgement should be delivered by ARCP panels that is aligned to the requirements of Colleges and the Gold Guide (GG8: 4.52 – 4.66).
- 7.2. **The Educational Supervisor Reports (ESR)** remains the key document to be considered by panels and should be written to assist panels in taking a holistic decision as to the trainee's progress and suitability to progress. Where there are concerns and areas that need to be addressed the ESR should state whether these were pre-Covid-19, occurred as a result of Covid 19 or whether Covid-19 has contributed to them.

- 7.3. **Trainee self-declaration:** It is recognised that providing an ESR may present difficulties to both the trainer and trainee. All trainees are required to submit a self-declaration form which can be used by panels as an additional information source to be triangulated with evidence within the trainee's e-portfolio. This will require trainees to self-assess their progress and provide details of how their training may have been impacted by Covid-19. It also includes a "trainee check-in" section which will allow trainees to indicate if they require any additional training or wellbeing support.
- 7.4. **Form R:** All trainees are required to submit a Form R. In order to support trainees an electronic Form R has been developed which all HEE local teams will use.
- 7.5. In order to support trainees and make submission of Form R and the trainee self-declaration as easy as possible, a single electronic form comprising 2 sections: a) Form R; b) Self-declaration form has been produced.
- 7.6. On completion, trainees are required to forward a copy of the form to their educational supervisor (guidance within the form). Trainees are required to upload this to their e-portfolio so that it is available to the ARCP panel.
- 7.7. **Report on Academic/Research Trainee's Progress** – this form supports the ARCP process and should be completed by any trainee undertaking an integrated academic training programme or period of Out of Programme – Research and uploaded to their e-portfolio. Trainees should indicate on the form whether their academic/research programme has been impacted by Covid-19.

8. Recording of ARCP Outcomes

- 8.1. Normally, panels will complete the ARCP outcome form within the trainee's e-portfolio.
- 8.2. If the College e-portfolio does not support recording of the revised ARCP outcome codes, panels will be advised to complete the generic HEE electronic ARCP outcome form. HEE local teams will ensure that trainees are notified of their ARCP outcome and data will be shared with the relevant Medical Royal College for them to arrange for this to be added to their e-portfolio system.
- 8.3. HEE local teams will follow local processes to ensure that the HEE Trainee Information System is updated with ARCP outcomes. Usually no later than 10-working days after the ARCP date.

9. Feedback

- 9.1. Post-ARCP feedback will be offered to all trainees in a timely and supportive way which minimises the need for trainees to take protracted time away from service and removes the need for additional discussion panels to be set up.
- 9.2. There are a range of options available to support this, for example:
- 9.3. Remotely through ARCP outcome letters or via trainees being directed to the e-portfolio ARCP outcome section, with planned follow up and with a clear feedback discussion at the trainee's base.
- 9.4. Locally delivered through, for example, feedback from the educational supervisor ensuring trainers are also informed of trainee outcomes in a timely way.
- 9.5. For outcomes other than 1 or 6, one, or sometimes two, experienced members of the Training Committee will provide this using videoconferencing, telephone or similar.
- 9.6. Trainees issued an Outcome 5 will be notified within a maximum of 5-working days and informed of the deadline for submission of additional requested documentation (usually 2-weeks from the date of notification).

10. Certificate of Completion of Training (CCT)

- 10.1. We are developing approaches to support trainees who are unable to be issued an Outcome 6 resulting in a delay to obtaining their CCT.

11. Revalidation

- 11.1. Associated revalidation recommendations to award the certificate of completion of training and to go onto the specialty / GP register will not be coupled with a revalidation recommendation.
- 11.2. Trainees must continue to:
- 11.3. Capture their full scope of work in their ARCP Form R
- 11.4. Ensure that, if their ARCP is postponed such that the time between reviews is greater than a year, the declaration of their full scope of work should cover the time since their last ARCP
- 11.5. FAQs regarding meeting revalidation requirements across full scope of practice for doctors in postgraduate training are available at:

https://www.copmed.org.uk/images/docs/revalidation/FAQs_Full_Scope_of_Work_COVID_Update_-_24th_April_2020.pdf

- 11.6. ARCP panels will continue to record whether there are any outstanding causes for concern on the ARCP outcome form
- 11.7. Trainees who CCT will receive a letter confirming that HEE would have made a revalidation recommendation for them which they can use as evidence for their new employer/Responsible Officer in addition to confirmation of their ARCP Outcome 6.

12. Appeals

- 12.1. Updated appeals guidance has been published and is available [here](#).

13. Additional Information

- 13.1. Medical Royal Colleges have provided programme specific guidance and FAQs on their websites (see Appendix A).
- 13.2. Additionally, a set of trainee FAQs with answers has been developed and is available [here](#).
- 13.3. HEE local teams will provide trainees with details of where to direct any queries that they may have.

Appendix A

Links to Covid-19 ARCP decision aids/panel guidance produced by Medical Royal Colleges

To be inserted following GMC approval of Medical Royal College decision aids – anticipated 11 May

Appendix B

Extract from 2020 ARCP recording where coronavirus (COVID-19) has impacted on trainee progression (GMC/COPMeD 21 Apr 20)

Table 1 Outcome 10

Outcome	Label for dropdown	Applicable to
10.1	10.1 Progress is satisfactory but the acquisition of competencies/capabilities by the trainee has been delayed by COVID-19 disruption. Trainee can progress.	<ol style="list-style-type: none"> 1. Trainee is not at a critical progression point 2. Trainee is at a critical progression point in their programme, but the relevant Medical Royal College or Faculty has amended the curriculum and mandated that the competences/capabilities can be acquired at the next stage of training. <p>Note: Any additional training time necessary to achieve competencies/capabilities will be reviewed at the next ARCP.</p>
10.2	10.2 Progress is satisfactory but the acquisition of competencies/capabilities by the trainee has been delayed by COVID-19 disruption. Trainee is at critical point and additional training time is required.	<ol style="list-style-type: none"> 1. Trainee is at a critical progression point in their programme where there has been no derogation to normal curriculum progression requirements given by the relevant Medical Royal College or Faculty (e.g. specific professional examination or mandatory training course). 2. Trainee is at the critical progression point of approaching CCT and additional training will be required before the trainee can complete their training. 3. For the majority of foundation doctors, it should be possible to use existing (i.e. non COVID) outcomes. In exceptional circumstances it can be used for foundation doctors. An Outcome 10.2 for foundation is a 'no-fault' outcome which indicates that progression is not possible. Additional training time will be required to enable an F1 doctor to gain their F1 Certificate of Completion (F1CC) and full registration or a F2 doctor to obtain their Foundation Programme Certificate of Completion (FPCC).

Supplementary C codes

The C codes will be used in addition to documenting whether it is an Outcome 10.1 or 10.2. The label is intended to appear in systems' dropdown menus.

Table 2 C codes

Applicable outcome	Supplementary code – select ALL that apply	Label – to be used in system dropdown menus	Description
10.1	C1	Trainee at critical training progression point (but NOT at CCT) and derogation provided for the required exam	Trainee could not attempt the exam as it was cancelled due to COVID-19 disruption and will need to sit at the next available opportunity. Derogation allows the trainee to progress at this point with a time limit applied to passing the relevant exam.
10.1	C2	Trainee at critical training progression point (but NOT at CCT) and derogation provided for the applicable element of mandatory training	Trainee could not complete the mandatory training course as it was cancelled due to COVID-19 disruption and will need to attend at the next available opportunity. Derogation allows the trainee to progress at this point with a time limit applied to completing the course.
10.1 and 10.2	C3	Redeployment could not acquire required experience	Trainee could not acquire appropriate curriculum-related experience due to service changes/pressures from COVID19, e.g. trainee transferred to work in General (internal) Medicine or similar redeployment.

Applicable outcome	Supplementary code – select ALL that apply	Label – to be used in system dropdown menus	Description
10.1 and 10.2	C4	Prolonged self-isolation needed during COVID-19	Trainee could not acquire appropriate curriculum-related experience during COVID-19 disruption due to need for prolonged self-isolation based on national guidance.
10.1 and 10.2	C5	Inadequate progress in this training year prior to COVID-19	Trainee was NOT on course to receive an outcome 1 or 6 prior to COVID-19 but, given the disruption an unsatisfactory outcome cannot be awarded as the trainee may have been able to achieve satisfactory progression by the time of the ARCP had there not been disruption.
10.1 and 10.2	C6	Incomplete evidence due to COVID-19	Due to COVID-19 disruption, incomplete information has been supplied and/or is available to the ARCP panel, e.g. trainee unable to obtain supervisor reports.
10.2	C7	Foundation – extra time required to gain F1CC/FPCC	<p>Trainee could not be awarded an outcome 1 or outcome 6. Given the COVID-19 disruption an unsatisfactory (nonCOVID) outcome cannot be awarded as the trainee may have been able to achieve satisfactory progression by the time of the ARCP had there not been disruption.</p> <p>F1: extra time required to gain their F1 Certificate of Completion (F1CC) and full registration.</p> <p>F2: extra time required to gain Foundation Programme Certificate of Completion (FPCC).</p>

Applicable outcome	Supplementary code – select ALL that apply	Label – to be used in system dropdown menus	Description
10.2	C8	Royal College or Faculty exam cancelled with trainee at CCT date	Trainee could not attempt the exam as it was cancelled due to COVID-19 disruption and will need to sit at the next available opportunity.
10.2	C9	Royal College or Faculty mandatory training course cancelled with trainee at CCT date	Trainee could not attend a mandatory training course as it was cancelled due to COVID-19 disruption and will need to attend at the next available opportunity.
10.2	C10	Royal College or Faculty exam cancelled with trainee at critical progression point (not CCT) with no derogation.	Trainee could not attempt the exam as it was cancelled due to COVID-19 disruption. No derogation provided by the relevant Royal College or Faculty to normal curriculum requirements therefore additional training time is required.
10.2	C11	Royal College or Faculty mandatory training course cancelled with trainee at critical progression point (not CCT) with no derogation.	Trainee could not complete the mandatory training course as it was cancelled due to COVID-19 disruption. No derogation provided by the relevant Royal College or Faculty to normal curriculum requirements therefore additional training time is required.
10.1 and 10.2	C12	Other issue related to COVID-19 (please describe)	To capture any COVID-19 issue not covered by codes C1 to C11.

The N code in Table 3 should be used with the specified reason if no ARCP was held due to COVID-19 disruption.

Table 3 N code

N code	Label	Description
N13	Other with reason given as "COVID-19"	It was not possible to convene any meeting that could be considered an ARCP panel. Supporting the COVID19 Response: Enabling Progression at ARCP has a minimum requirement of two panel members.