

POSTION STATEMENT:

Title: Statement on continued derogations in medical education and training

1 Status of Derogations

- 1.1** In September 2021, the General Medical Council (GMC), UK statutory education bodies (SEBs) and the Academy of Medical Royal Colleges (AoMRC) issued a statement outlining that the temporary derogations to medical education and training would continue for the period of disruption caused by the COVID-19 pandemic.
- 1.2** As it's clear the health services across the four nations continue to be disrupted by the consequences of the pandemic, we believe that the temporary derogations relating to the following areas should remain in place until 2023. These include:
- Postgraduate curricula and assessment
 - the Annual Review of Competency Progression (ARCP)
 - adapted ARCP panels and outcomes (where applicable)
 - progression without exams
 - progression without having gained expected capabilities/competences or without sufficient evidence¹
 - progression with alternative evidence of capability.
- 1.3** However, with the exception of some GMC-approved methods of online training and assessments, we anticipate these derogations will be discontinued after 30 September 2023. We will be discussing the proposed timings with all affected organisations and representatives of doctors in training.

2 What this means for postgraduate doctors in training, trainers and programme support teams

- 2.1** For most trainees, the removal of the temporary derogations in September 2023 won't affect their ARCP until summer 2024. For those trainees with annual review dates in autumn 2023, it's anticipated that most ARCPs will be completed by the time of the proposed removal of derogations on 30 September 2023.
- 2.2** We know there will be circumstances where the pandemic continues to impact on doctors' training. This includes those returning from maternity/paternity leave, with periods out of programme or who have had time out due to shielding. These trainees should not be disproportionately disadvantaged, and postgraduate deans will continue to have the option to exercise discretion in exceptional circumstances (Gold Guide 9 1.12).
- 2.3** The amount of additional training permitted (Gold Guide 9 4.108) will not be affected as this was not derogated during the pandemic and remains unchanged and within the permitted limits defined in the Gold Guide.

¹ Trainees who have progressed with an Outcome 1 during COVID may reach CCT with different numbers of competencies and capabilities, but will not need to retrospectively fulfil any curriculum requirements that were derogated to allow them to progress during COVID

- 2.4 The previous position under the derogations that competencies and capabilities not required during the pandemic to progress with an Outcome 1 will not need to be gained in the future, will remain in place.
- 2.5 Trainees and education faculty should refer to the most recent training curriculum and decision aid approved by the GMC relevant to their specialty. To be awarded an Outcome 6 and complete training, all learning outcomes must be achieved to the level required.

3 Derogations and the Gold Guide

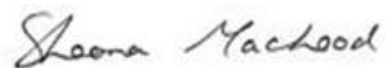
- 3.1 During the COVID pandemic, the GMC, the AOMRC and the four UK SEBs agreed college and faculty derogations to curricula and decision aids for ARCPs.
- 3.2 Where these revised requirements were achieved by trainees, an Outcome 1 could be awarded. If trainees were not able to achieve these revised requirements it was necessary to still have means of enabling progression or extensions (additional training time - ATT). This was facilitated by the Gold Guide (GG) derogation to GG8:4.91 and development of the “no fault” COVID Outcomes 10s (10.1 & 10.2) which could be applied in place of Outcome 2 & 3 respectively where the training had been disrupted.
- 3.3 Whilst there were derogations to GG8:4.91 to enable the use of COVID Outcome 10s, there was no derogation to GG8:4.105 which defined the maximum periods of ATT for foundation, core, specialty, run through and GP specialty training. The periods of ATT allowable were unchanged during COVID.
- 3.3 As stated, the previous position under the derogations that competencies and capabilities not required during COVID to progress with an Outcome 1 will not need to be gained in the future, will remain in place. Therefore, trainees who have progressed with an Outcome 1 during COVID may reach CCT with different numbers of competencies and capabilities but will not need to retrospectively fulfil any curriculum requirements that were derogated to allow them to progress during COVID.

4 Gold Guide version 9 (GG9), ARCP panels and appeals 2022 to 2023

- 4.2 GG9 is now operational from the changeover on 3 August 2022 and applies to ARCP panels from 3 August 2022 onwards. There has been considerable revision of the ARCP section of GG9, including clearer definitions of ARCP outcomes. The Outcome 10 option has been retained in GG9 (GG9:4.94) and may be operationalised following a directive from the UK SEBs in a national emergency, such as a global pandemic.
- 4.3 For practical reasons, some ARCP and appeal panels have moved away from the minimum requirements of two panel members for ARCP panels and three for an ARCP appeal (introduced during COVID in 2020). Many regions have had the capacity for fuller panels including externals and lay members, however the move to holding panels through virtual platforms has been welcomed as it had enabled ARCPs and appeals to be undertaken in a timely way. The guidance permitting smaller panels will remain in place until September 2023 to align with the extension of Outcome 10 derogations.

5 Building on improvements to medical education and training

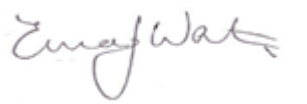
- 5.1 There have been some real successes in the use of derogations and in some cases, they have led to improvements to the training quality and experience. Where this is the case, we will explore how we sustain and build on these improvements and will undertake this work collaboratively with all affected stakeholders.
- 5.2 The GMC, SEBs and AoMRC are mindful of the continued significant pressures on the health services across the UK. It is therefore important that we all, with others in the NHS, continue to strive to ensure training and progression can continue, minimising the negative impact on trainees, and maintaining patient safety standards.



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