

## Supporting the COVID-19 Response: Enabling Progression at ARCP

### Introduction

The Statutory Education Bodies (SEBs) of the 4 Nations have recognised that there may be challenges for trainees and trainers in preparing and providing evidence for ARCP as well as for the SEBs in delivering ARCPs during the present COVID-19 pandemic<sup>1</sup>.

These difficulties arise as a result of cancellation of mandatory courses, professional examinations and assessments, rotations to planned placements as well as the reduced clinical experience and training available during placements due to cancellation of routine clinical activities, redeployment of trainees to different clinical duties and absence from work due to self-isolation and illness. It is also recognised that due to pressures of clinical work and redeployment, recognised trainers may not be able to complete assessments, write detailed reports and contribute to ARCP panels. In addition, SEBs will not be able to receive the same level of engagement for ARCP from educational programme leaders and education management staff due to redeployment, self-isolation and illness.

In these circumstances, it is the desire of the SEBs that, where possible, progression through clinical training should continue without detriment to the trainee.

The SEBs have therefore been working together with Medical Royal Colleges and Faculties to review how ARCPs can be managed in 2020. The aims are to ensure that patient safety remains a primary focus and to reduce the burden on trainees, trainers and the health services in the 4 countries during this pandemic while enabling as many trainees as possible to progress in their training at the normal rate.

To enable as many trainees to progress to the next stage in their training as possible, a number of changes have been introduced for ARCPs which are scheduled to take place before August 2020:

1. Redefining the composition of ARCP panels to facilitate as many ARCPs as possible to be carried out;
2. Ascertaining the minimum curriculum requirement, compatible with maintaining patient safety for each specialty for each year of training to inform when a trainee can progress;
3. Identifying compensatory evidence that ARCP panels can consider when normal evidence is not available;
4. Defining critical progression points for each training programme;
5. Prioritising ARCPs when there are pre-existing significant concerns about the clinical capability/fitness to practise/revalidation of the trainee or where the trainee is at a critical progression point in their programme;
6. Introduction of two new ARCP Outcomes – Outcomes 10.1 and 10.2 which recognise that the trainee was achieving progress and developing competences/capabilities at the expected rate but that acquisition of some capabilities has been delayed by the impact of COVID-19.

## Changes to ARCPs in 2020

The purpose, evidence required, processes and outcomes of ARCPs are described in the Reference Guide for Postgraduate Foundation and Specialty Training in the UK (Gold Guide). The current [Gold Guide \(GG8\)](#) is the 8<sup>th</sup> Edition which was approved by the four UK Health Departments and released on 31 March 2020.

As described in paragraph 1.12 in GG8, Postgraduate Deans have the discretion to make derogations from the Guide in exceptional circumstances. The SEBs consider that COVID-19 meets the criteria for highly exceptional circumstances that would enable Postgraduate Deans to collectively agree derogations from the Gold Guide in response to COVID-19.

Three derogations from the Gold Guide have been agreed by the SEBs:

### 1. Composition of ARCP Panels.

- a. GG8 defines in paragraph 4.69 that the panel delivering the ARCP process should consist of at least three panel members. Due to the expected difficulties in releasing panel members from clinical services during this pandemic, the SEBs have agreed that ARCP panels in 2020 can be reduced to a minimum requirement of two panellists.
- b. The presence of a lay advisor will not be necessary for ARCPs in 2020, although lay advisors may be required for appeals.
- c. For Foundation ARCP panels, the minimum requirement would be a Foundation Programme Director or alternative Medical Educator with knowledge of the process and an Educational Supervisor (ES) or Postgraduate Centre Manager/Training Programme Administrator.
- d. For Specialty ARCP panels, 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.
- e. Panellists will be enabled to deliver the ARCP process remotely by videoconference, telephone or similar.
- f. Given the capacity constraints on the normal participants in ARCP panels, SEBs will ask for support from retired educators as panel members.

### 2. Evidence to be considered at ARCP Panels

- a. During the COVID-19 pandemic, it may not be possible for trainees and trainers to prepare for and provide the usual evidence for ARCPs as defined in GG8.
- b. The SEBs have asked the Medical Royal Colleges and Faculties to define the minimum curriculum requirements, compatible with maintaining patient safety, for each specialty for each year of training to inform when a trainee can progress.

- c. The Educational Supervisor Report (ESR) (GG8:4.52 – 4.58) is expected to be a key document in the minimum curriculum requirements for a programme. The ESR should focus on the capabilities demonstrated by the trainee in the review period, including relevant experience during COVID-19 which might contribute to acquisition of the Generic Professional Capabilities (GPC) required in curricula. In addition, the ESR should state whether there are significant issues and whether these were present pre-COVID-19, occurred as a result of COVID-19 and/or whether COVID-19 has contributed to them. If the ES is unavailable, an alternative medical educator with knowledge of the trainee could complete the ESR.
- d. Where normal evidence is not available due to the impact of COVID-19, panels should consider the use of compensatory evidence.
- e. The SEBS have asked the Medical Royal Colleges and Faculties to provide guidance for ARCP panels in the form of a GG8-compliant decision aid describing acceptable compensatory evidence (with examples) that ARCP panels could consider where normal evidence is not available due to the current situation.

### 3. Introduction of new ARCP Outcomes

- a. 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 (Appendix 1).
- b. 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.
- c. 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.
- d. 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.
- e. 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.
- f. 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.

- g. 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.
- h. 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.
- i. 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.
- j. 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

## Management of ARCPs in 2020

As a consequence of the agreed changes, described above, to the composition of the ARCP panels for 2020, it is anticipated that most ARCP panels will still take place during the COVID-19 pandemic.

Where there may not be the resources to deliver ARCP for every trainee, ARCPs should be prioritised for trainees who are at critical progression points (e.g. completion of F1; progress dependent on success at professional examination; approaching completion of their foundation, core or specialty training programme) and those where development of specific capabilities or inadequate progress has already been identified.

It is anticipated that ARCPs for **Foundation doctors** will not be disrupted by COVID-19. The UKFPO has published guidance<sup>ii</sup> with requirements prorated so that trainees can be assessed on the training year prior to the start of COVID-19 disruption, and it should therefore be possible to award one of the existing outcomes to almost all Foundation trainees. However, there may be exceptional circumstances where an Outcome 10.2 should be used for Foundation doctors. This should be used to indicate that an existing outcome cannot be awarded due to COVID-19 disruption. Outcome 10.2 should always be used in conjunction with the appropriate C code to show that the trainee requires additional training time. An Outcome 10.2 for Foundation is a 'no-fault' outcome which indicates that progression is not possible and that additional training time will be required to enable a 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).

Where an ARCP has taken place, the **outcomes described in GG8 should be used where possible**. For 2020, ARCP panels should make a holistic judgement on the progress of trainees based on a review of the evidence provided by trainees and ESs against the minimum curriculum requirement, agreed compensatory evidence and the GG8-compliant decision aid developed, in response to COVID-19, by the respective Medical Royal College or Faculty for that specialty and year of training.

If a **Specialty trainee** is achieving progress and the development of competences/capabilities at the expected rate but at ARCP it is noted that acquisition of some capabilities (e.g. mandatory courses, professional examinations, mandatory placements) have been delayed by the impact of COVID-19, the trainee should be awarded either an Outcome 10.1 or Outcome 10.2 depending on whether they are at a critical progression point in their programme as described above. Supplementary C codes should be used to document as clearly as possible the reason for this outcome. The capabilities to be developed should be documented on the ARCP form.

It is acknowledged that, for some trainees, there may be evidence that there are significant concerns about their current clinical capability and/or fitness to practise/revalidation concerns, irrespective of COVID-19 disruption. **In these circumstances the usual Outcomes 2, 3 or 4 should be used (GG8:4.91).**

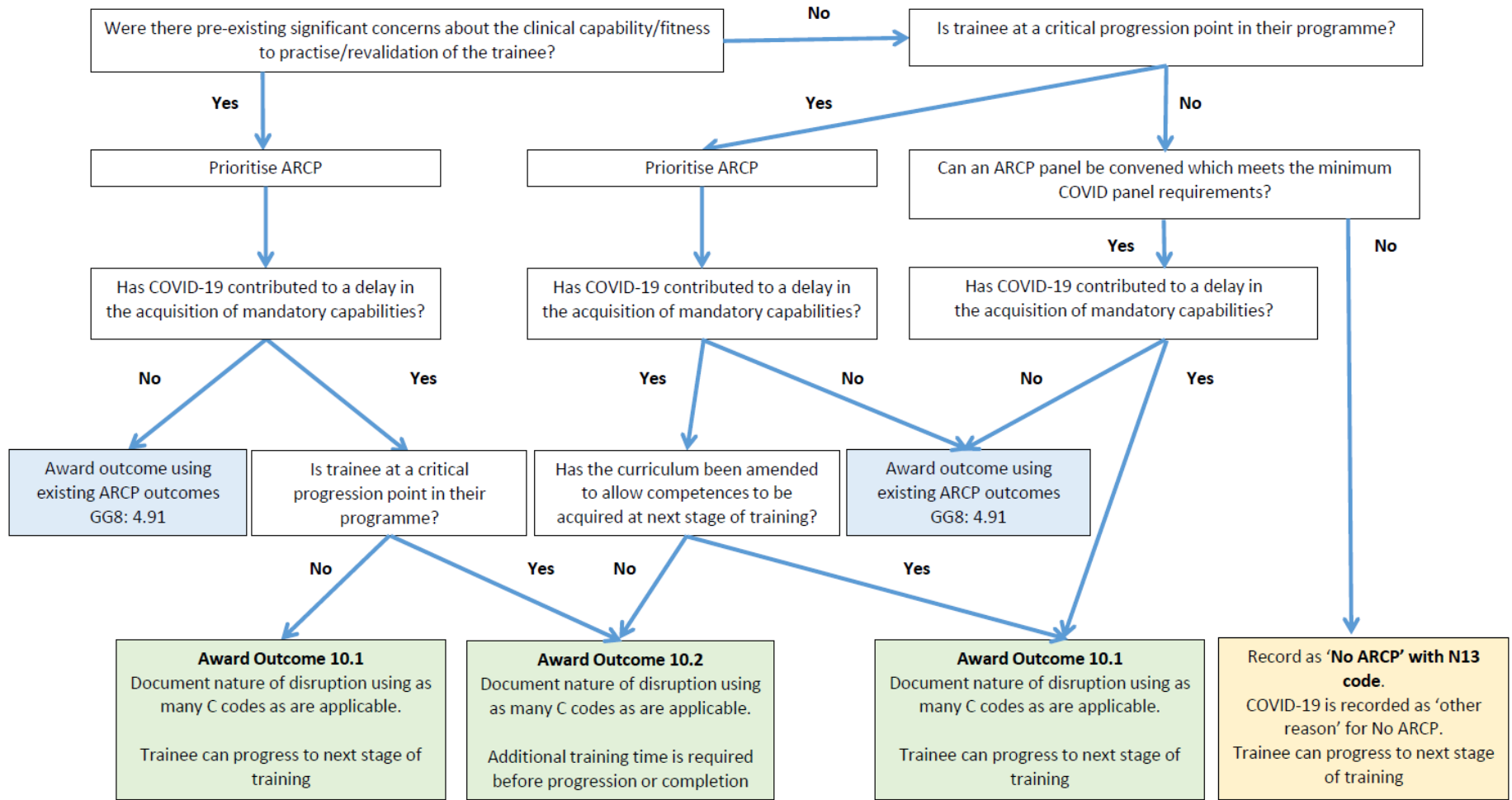
Where it has not been possible to hold an ARCP, an 'N13 Other reason (please specify)' code, specifying the reason as being due to COVID-19 should be recorded. This is equivalent to an Outcome 10.1 and the trainee will be allowed to progress to the next stage of their training when an early ARCP will be undertaken and an Action Plan and Personal Development Plan will be put in place.

When an outcome is not awarded for reasons other than COVID-19 disruption the panel should record the reason for this in the usual way by using the appropriate N code<sup>iii</sup>.

Irrespective of disruption due to COVID-19, all concerns regarding clinical capability and/or fitness to practise/revalidation should still be managed by the existing Responsible Officer/Postgraduate Dean mechanisms. Trainees should be aware of these concerns and should continue to receive support from their supervisors and postgraduate training teams.

Figure 1 illustrates which outcomes to use in which situations.

Figure 1



## Appendix 1



## Derogation to GG8: 4.91 in response to COVID pandemic and impact on trainee progression assessments (ARCP)

### Section 4: Progressing as a Specialty Trainee or Foundation Doctor

#### Amendment to: GG8: 4.91 to include ARCP Outcome 10 – COVID 19

##### Outcome 10 (COVID)

Achieving progress and the development of competences/capabilities at the expected rate but acquisition of some capabilities delayed by impact of COVID 19.

10.1 Progress is satisfactory but the acquisition of competencies/capabilities by the trainee has been delayed by COVID-19 disruption. The trainee is **not** at a critical progression point in their programme and can progress to the next stage of their training. Any additional training time will be reviewed at the next ARCP.

10.2 Progress is satisfactory but the acquisition of competences/capabilities by the trainee has been delayed by COVID-19 disruption. The trainee is at a **critical progression point** in their programme and additional training time is required.

Satisfactory progress is defined as achieving the competences/capabilities in the curriculum approved by the GMC at the rate required.

In foundation training, satisfactory progress is defined as achieving the foundation professional capabilities for F1, leading to award of the Foundation Year 1 Certificate of Completion (F1CC). In foundation training, if less than full time or out of synchronisation and progressing as expected, the trainee will be given the outcome 'Other'.

The rate of progress should be defined in the specialty curriculum (e.g. with respect to assessments, experiential opportunities, examinations etc).

Where acquisition of required capabilities has been delayed solely due to the impact of COVID 19 (e.g. due to cancellation or postponement of a required examination or reduced exposure to required training opportunities), trainees should be enabled to progress to the next stage of training except those who are at a critical progression point in their programme. An Action Plan, the portfolio and personal development plan (PDP) should capture and set out the required capabilities which will be expected at the next scheduled ARCP and the time point for this review defined.

The Outcome 10 acknowledges potential satisfactory progress but recognises additional training time may subsequently be required (which will be reviewed at the next ARCP).

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<sup>i</sup> Northern Ireland Medical & Dental Training Agency, Health Education & Improvement Wales, NHS Education for Scotland and Health Education England (19 March 2020) *Contingency planning for ARCPs – COVID-19 outbreak*.

Available at: <https://www.hee.nhs.uk/sites/default/files/documents/Contingency%20Policy%20for%20ARCPs.pdf>

<sup>ii</sup> [https://foundationprogramme.nhs.uk/wp-content/uploads/sites/2/2020/04/ARCP-Guidance-2020\\_COVID-19.pdf](https://foundationprogramme.nhs.uk/wp-content/uploads/sites/2/2020/04/ARCP-Guidance-2020_COVID-19.pdf)

<sup>iii</sup> See GG8 Appendix 3 for the full list of N codes linked to at <https://www.copmed.org.uk/gold-guide-8th-edition/>