Health Education England

Additional Guidance for HEE ARCP Panels: Use of ARCP Outcome 10s

1. Introduction

In April 2020, the UK Statutory Education Bodies (SEBs) agreed a derogation to GG8: 4.91[1] with the introduction of "no fault" COVID Outcome 10.1 and 10.2.[2]

An Outcome 10.1 (equivalent to an O2) enabled progression to the next stage of training, recognising the impact that COVID has on training but not requiring addition time; with a clear, focused learning plan giving the opportunity to acquire the required capabilities.

An Outcome 10.2 (equivalent to O3) recognised the impact of COVID on training and that capabilities could not be addressed at the next stage of training (usually because of being at a critical progression point) and therefore additional training time would be required within the usual limits as defined in GG8:4.105. Similarly, there should be a clear, focused, and bespoke learning plan in place for the trainee. Further guidance on managing extensions[3] set out the rationale and process for exception discretion by the Postgraduate Dean (GG8:1.12) to extend beyond usual limits defined in GG8: 4.105.

This document provides guidance to ARCP panels and education faculty on how ARCP COVID outcomes might be applied in a permissive way to offer trainees maximum flexibility, optimising learning opportunities to gain the required capabilities in a timely way, reducing potential delays in progression.

2. Management of ARCP Outcome 10s

2.1 The purpose of the ARCP is to review the evidence and assess competency progression that informs a judgment of progress which is captured as an Outcome (defined in GG8: 4.91).

2.2 Following an ARCP there is a requirement to have a **post ARCP meeting and discussion** for feedback, to discuss and agree the learning plans for the next period of training.

[1] Reference Guide for Postgraduate Foundation and Specialty Training in the UK – The Gold Guide 8th Edition (GG8)
[2] SEB Guidance: Supporting the COVID-19 Response: Enabling Progression at ARCP – April 2020
[3] SEB Guidance: COVID 19 Managing extensions to training paragraph 2.6 - May 2020.

2.3 Where additional time is required (O3 or 10.2), the ARCP panel might suggest an indicative period for the additional training time, however, this should remain flexible within the permitted limits (GG8:4.105) and aligned to the agreed learning plan, with a greater emphasis on providing appropriate learning opportunities to gain the required competences and not entirely time limited.

3. What ARCP panel members and education faculty should do: implementing and follow up from ARCP outcomes

3.1 ARCP panels are asked to arrange an early post ARCP feedback and learning planning meeting with the trainee by an appropriate member of educational faculty with knowledge of the training needs in that specialty.

3.2 ARCP panels and educators should familiarise themselves with the most recent curriculum derogations for specialty which may identify and describe alternative ways to evidence progression. This may be relevant where a critical progression requirement has been changed (e.g., trainees can progress beyond core but must have reached the critical progression requirement by the end of ST3) – the usual reason for an O10.1.

3.3 Following an O10.2, there should be careful consideration of the competency gap and requirements to be achieved during the additional training period.
3.4 Educational teams should develop a learning plan and appropriate placements that will give clinical experience and learning opportunities for trainees to develop the required competencies.

3.5 Given the changes in models of service delivery during recovery going forwards, dependent on local capacity there should be similar consideration to use of alternative training opportunities and not be constrained by the usual training placement capacity.

3.6 This may involve approval or provision for training opportunities in placements not normally included in the training programme e.g., regional teams should continue to work with stakeholders to provide training opportunities where care is delivered, such as elective catch up and cancer work commissioned out to the independent sector, virtual clinics and flexibility for reciprocal arrangements across geographical sites.