Supporting the COVID-19 response - managing annual review of competency progression (ARCP) for paediatrics training

Training Services team
We offer guidance on how we would advise Educational Supervisors and ARCP panels to assess their trainees due for their annual reviews for 2020 in response to the COVID-19 pandemic.

Last modified
30 April 2020

Post date
30 April 2020

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Educational supervisor and deanery ARCP panel guidance

Background

In the challenging circumstances of the COVID-19 pandemic, it is the desire of the statutory education bodies (SEBs) of the four UK nations (HEE, NES, HEIW, NIMDTA) that, where possible, progression through clinical training should continue without detriment to the trainee (see Enabling Progression at ARCP).

The SEBs have been working with medical royal colleges and faculties to review how ARCPs can be managed in 2020. While ensuring patient safety remains the primary focus
and to reduce burden on trainees, trainers and health services in all nations, the aim is to enable as many trainees to progress in their training at the normal rate.

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 the Gold Guide (see Gold Guide Version 8 GG8).

The SEBs have asked the medical royal colleges and faculties to define the minimum curriculum requirements, compatible with maintaining patient safety, for each specialty of each year of training to inform when a trainee can progress.

**RCPCH principles underpinning this guidance**

We document our specialty-specific guidance describing the minimum evidence required from trainees and educational supervisors (ES) to enable progression to the next training year.

*This guidance is only applicable for ARCPs conducted in this academic year.*

This guidance recognises that our Progress curriculum is outcomes-based and affords some flexibility in allowing progression as it does not mandate specific experience, plus the key capabilities described are specific to each training level and are not requirements for every training year.

The average training time (eight years) is in excess of the minimum training time set by the EU directive. In the majority of cases, it would be acceptable for a trainee to have one comparatively fallow year of assessments given that their totals are still likely to exceed the EU minimum.

Our guidance explicitly recognises that trainees will be allowed to progress on the basis of a reduced amount of evidence for this year. Training Programme Directors (TPDs) must ensure that trainees are supported and have access to good quality clinical and educational supervision in their subsequent placements.

In the paediatric training pathway there are two key progression points that require specific consideration in our guidance:

- Completing ST3 trainees must have the full MRCPCH exam before progressing to ST4, often (not always) coinciding with stepping up into the middle grade roles and responsibilities.
- Completing training and receiving CCT (or CESR-CP), which precedes specialist registration and the ability to take up substantive NHS consultant appointments.

We would expect, as far as possible, every trainee to experience some review if they were scheduled to do so.

**The modified ARCP process**

As described in paragraph 1.12 of the Gold Guide, postgraduate deans have the discretion to make derogations from the from the guide in exceptional circumstances. The SEBs reasonably consider COVID-19 meets the criteria for allowing postgraduate deans
collectively to agree derogations.

Three derogations from the Gold Guide have been agreed by the SEBs (Progression at ARCP):

1. Composition of ARCP panels
2. New ARCP outcomes introduced
3. Evidence to be considered by ARCP panels

**Composition of ARCP panels**

1. 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
2. A lay advisor will not be necessary for ARCPs in 2020, although they may be required for appeals
3. For Paediatrics ARCP panels, a Head of School (HoS), Associate Postgraduate Dean (APD) or Training Programme Director (TPD) should be present. An ES can also contribute if they are not the ES for a trainee being reviewed
4. Specialty specific situations were the ARCP panel will require three members:
   - Trainees who received an ARCP outcome 3 in their prior ARCP
   - Trainees who have been identified as being at risk of removal from the programme (ARCP outcome 4) for any reason, regardless of previous ARCP
5. Sub-specialty ARCPs will also require a recommendation from the relevant CSAC for the sub-specialty component of the ARCP outcome
6. Panellists should be enabled to deliver the ARCP process remotely by video-conference, phone or similar

**New COVID-19 specific ARCP outcomes for 2020**

ARCP panels should consider an outcome 10 only when the trainee has been unable to evidence components of the assessment pathway that are mandatory for progression to the next level of training because of COVID-19.

Outcomes 10.1 and 10.2 recognise that progress of the trainee has been satisfactory and acquisition of capabilities by the trainees has been delayed by COVID-19 disruption. These are therefore 'no-fault' outcomes.

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Label for dropdown</th>
<th>Applicable to</th>
</tr>
</thead>
</table>
10.1 Progress is satisfactory but the acquisition of competencies/capabilities by the trainee has been delayed by COVID-19 disruption. **Trainee can progress.**

1. Trainee is not at a critical progression point
2. Trainee is at a critical progression point in their programme but the RCPCH has mandated that the capabilities can be acquired at the next stage of training.

Note: additional training time necessary to achieve capabilities will be reviewed at the next ARCP.

For paediatrics, ST3 trainees may be allowed to progress to ST4 without MRCPCH if their preparation or attendance has been disrupted by COVID-19. Those affected in this manner can be given an outcome 10.1 and they will need to obtain full MRCPCH before further progression beyond ST4.

### Outcome 10.2

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Label for dropdown</th>
<th>Applicable to</th>
</tr>
</thead>
</table>
| 10.2    | 10.2 Progress is satisfactory by 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.** | 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 RCPCH (eg RCPCH START assessment).
2. Trainee is at the critical progression point of approaching CCT and additional training time will be required before the trainee can complete their training. |

For paediatrics trainees, the main circumstance where an outcome 10.2 may be used is when the trainee is approaching CCT and the panel is unable to award an outcome 6 because they do not have evidence of the capabilities required for CCT. These might include having been prevented from undertaking the RCPCH START assessment or being able to acquire sub-specialty training because of the COVID-19 pandemic.

### Evidence to be considered at ARCP panels in Paediatrics

### Notes on time-based training requirements
There is no requirement for any level 1 or level 2 trainee to satisfy and minimum time-based rotational elements within each level of training (eg, 6 months community, 6 months NICU, etc). Suitability for progression should be judged with reference to the Progress key capabilities required for each level, not time-based experience.

All trainees who accepted places on sub-specialty training programmes (“GRID”) should have those rotations honoured when their progress has been satisfactory in the placements they have been given. There is no requirement for them (or trainees wish to do level 3 general paediatrics) to have completed 6 months of CCH, NICU, etc.

Disruption to working patterns (OOP and LTFT)

Some trainees will have volunteered, or been asked, to work at a higher than anticipated percentage in the clinical workplace. For example, OOP (Out Of Programme) Research where 50% research time has been withdrawn temporarily and the trainee will be 100% clinical; or LTFT(Less than Full time Training) trainees who increase from 60% to 100% clinical. Ordinarily, such changes would potentially impact CCT date. These are not ordinary times and there will be individual factors making issuing specific guidance to cover every situation impossible.

We, the RCPCH, do not support rigid, time-based approaches to calculating training time providing the minimum training times are fulfilled; negotiation, flexibility and common-sense should be exercised on an individual basis.

COVID-19 specific Educational Supervision (ES) form

For this round of ARCPs where evidence and capability acquisition may have been affected by the COVID-19 pandemic, there will be an abridged RCPCH COVID-19 Educational Supervisor Report for ARCP 2020. This is trainee-led and will reduce the time required for completion for both parties.

ST3 trainees without the MRCPCH, there will be a specific question for the ES to complete indicating their judgement on their trainee's suitability to progress to ST4. This will need to take into account the capabilities described below in the middle grade suitability: compensatory evidence.

The minimum evidence requirements for progression have been amended and are indicated in our assessments guide.

ST3 middle grade suitability: compensatory evidence in absence of MRCPCH

To exit ST3, a trainee ordinarily needs to have demonstrated the evidence to meet the level 1 learning outcomes and key capabilities in the curriculum, plus the full MRCPCH exam.

For ARCPs affected by COVID-19, trainees can be allowed to progress to ST4 if the ARCP panel awards an outcome 10.1 when:

1. All MRCPCH computer-based (theory) exams are achieved but the clinical exam has
not yet been achieved
2. Two MSFs have been completed during level 1 (ST1-ST3)
3. All curriculum capabilities for level 1 training have been demonstrated or, in the
   educational supervisor's report, have been observed in the workplace (see table below)
4. There is a satisfactory COVID educational supervisor report declaring trainee is safe to
   move onto the middle grade (ST4) level at next rotation
5. The trainee has not completed any required life support training (or their life support
   certification has expired) but was unable to attend or book on a course due to
   cancellations - see ALSG and RC (UK) statements on extension of deadlines for

The COVID educational supervisor report and the ARCP 10.1 outcome need to describe the
requirements for the trainee subsequently to obtain an ARCP outcome 1 (the RCPCH can
provide guidance on this where needed).

Appropriate compensatory evidence for a trainee moving to ST4 without the full MRCPCH
clinical exam would require the following learning outcomes and key capabilities to have
been observed and deemed satisfactory by supervisors in the training post or posts during
this training year (unless they have previously been demonstrated to an earlier ARCP). This
observation and assessment must be by clinical supervisors who are appropriately trained
and familiar with the Level 1 curriculum requirements.

Ward round: taking the lead in the acute (post-take) ward round

<table>
<thead>
<tr>
<th>Task and key capability</th>
<th>Found in learning outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bed/cot-side clinical assessment and management plan</td>
<td></td>
</tr>
<tr>
<td>formulations</td>
<td>Level 1: Learning outcome 4</td>
</tr>
<tr>
<td>Communication with team and family/ carer</td>
<td></td>
</tr>
<tr>
<td>Organising team with appropriate task prioritisation arising</td>
<td></td>
</tr>
<tr>
<td>from ward round decisions</td>
<td>Level 1: Learning outcome 6</td>
</tr>
<tr>
<td>Documentation including admission and discharge and letters</td>
<td></td>
</tr>
<tr>
<td>to family and/ or GP</td>
<td>Level 1: Learning outcome 2</td>
</tr>
</tbody>
</table>

Managing term infant in neonatal medicine

<table>
<thead>
<tr>
<th>Task and key capability</th>
<th>Found in learning outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>resuscitation at birth</td>
<td>Level 1: Learning outcome 3</td>
</tr>
<tr>
<td>identifying infants requiring specific investigations or</td>
<td></td>
</tr>
<tr>
<td>monitoring (risk of sepsis, hypoglycaemia, drug withdrawal,</td>
<td></td>
</tr>
<tr>
<td>etc.)</td>
<td>Level 1: Learning outcome 4</td>
</tr>
<tr>
<td>postnatal new-born examination and review</td>
<td>Level 1: Learning outcome 4</td>
</tr>
</tbody>
</table>
Task and key capability
identifying, investigating and managing infants requiring neonatal unit admissions

Found in learning outcome
Level 1: Learning outcome 6

Managing preterm infants in neonatal intensive care

<table>
<thead>
<tr>
<th>Task and key capability</th>
<th>Found in learning outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>stabilising the infant following preterm delivery</td>
<td>Level 1: Learning outcome 3</td>
</tr>
<tr>
<td>investigating and initially managing infants, who are acutely unwell (e.g., septicaemia, acute respiratory deterioration, neurological dysfunction)</td>
<td>Level 1: Learning outcome 4</td>
</tr>
<tr>
<td>planning and directing care for infants with high dependency or special care dependency requirements</td>
<td>Level 1: Learning outcome 6</td>
</tr>
</tbody>
</table>

In principle, trainees with full MRCPCH, MSF for each training year and satisfactory educational supervisor report should be awarded and ARCP outcome 1.

Clear criteria for non-progression

- All ST3 trainees being awarded ARCP 10.1 will be allowed to progress to ST4 (level 2 training)
- Those who are unable to satisfy the items 1-5 above would be awarded an outcome 3 if the missing learning and assessment requirements were not affected by COVID-19
- If, following a previous unsatisfactory ARCP outcome, trainees are unable to meet a targeted objective due to COVID-19, the ARCP panel should award an outcome 10.2 (supplementary code C5)

Level 3 Trainees approaching CCT

The ARCP panel should award an ARCP outcome 10.2 a trainee is approaching CCT and the ARCP panel is unable to award an outcome 6 because there is insufficient evidence of the capabilities required for CCT. These might include having been prevented from undertaking the RCPCH START assessment or being able to acquire sub-specialty training because of the COVID-19 pandemic.

For trainees approaching CCT without the RCPCH START assessment, there is no current appropriate compensatory measure.

The RCPCH is working through options with the GMC. We will be liaising with paediatric schools regarding affected trainees in their area, with the highest priority devoted to those trainees expecting to CCT before the next planned RCPCH START assessment. We will be exploring a bespoke solution for these trainees and we will ensure the next assessment, planned for October, has sufficient places for trainees affected by cancelling the April 2020 assessment.

Downloads
ARCP Outcome 10 supplementary C codes 426.68 KB