

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

[Training Services team](#)

We offer updated guidance on how we'd advise Educational Supervisors and ARCP panels to assess their trainees due for their annual reviews this year. The General Medical Council (GMC) has approved an extension to the derogations put in place last year, and these will remain in place while disruption to training continues.

For paediatrics the main point to note is that ST3 and ST4 trainees may be allowed to progress through level 2 training (to ST4-5) without MRCPC, if their preparation or attendance has been disrupted by COVID-19. Those who have been affected in this manner can be given an outcome 10.1; they will need to obtain MRCPC before further progression beyond ST5. Educational Supervisors should explicitly document continuing suitability / capability for middle grade work for any level 2 trainees without MRCPC.

Our full guidance follows.

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Educational supervisor and deanery ARCP panel guidance

Background

The prolonged nature of the COVID-19 pandemic threatens training progression, and this challenge needs to be tackled in a coordinated manner by Medical Royal Colleges, GMC, Statutory Education Bodies (SEBs) of the four Nations (HEE, NES, HEIW, NIMDTA), Deaneries, Trusts/Health Boards, supervisors and trainees.

To ease pressure on doctors in training, the GMC and four SEBs are keeping the changes, previously introduced in April 2020, to enable progression and minimise disruption during the continuing pandemic. Given the continuing huge challenges that professionals face, the currently agreed [more flexible arrangements and derogations will continue until at least September 2021](#).

This includes retaining:

- [The revised process for doctors completing an Annual Review of Competency Progression \(ARCP\)](#)
- [The amended process for ARCP appeals](#)
- [Derogations from the Gold Guide to permit the award of Outcome 10s](#)
- GMC-approved, RCPCH curriculum derogations (see below)

The modified ARCP process

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 collectively to agree derogations from the Gold Guide in response to COVID-19.

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

1. Composition of ARCP panels
2. Introduction of new ARCP outcomes

3. Evidence to be considered by ARCP panels

Health Education England produced a [supplementary guide for ARCPs on 9 December 2020](#).

COPMeD published [COVID-19 - ARCP and coding information](#), including the Gold Guide derogations, description of COVID-19-specific outcomes (10.1 and 10.2), and managing extensions to training.

RCPCH principles in applying the guidance to paediatric training

The aims of the revised ARCP process 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.

During the COVID-19 pandemic, it has been recognised that it is often not possible for trainees and trainers to prepare for and provide the usual evidence for ARCPs as defined in the Gold Guide [[GG8](#)].

This document gives the specialty-specific guidance from the Royal College of Paediatrics & Child Health (RCPCH) and describes the minimum evidence required from trainees and Educational Supervisors (ES) to enable progress to the next year of training.

The guidance is applicable for ARCPs conducted up until September 2021.

The guidance recognises that the Progress curriculum is outcomes-based, which 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 (8 years) is well in excess of the minimum training time, previously set by the EU Directive, and thus in the vast majority of cases, it would be acceptable for a trainee to have fallow periods of assessments, given that their totals are still likely to exceed the minimum.

The 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.

Within the paediatric training pathway there are **two key progression points** that require specific considerations in this guidance:

1. **Completion of ST3:** trainees must have MRCPCH before progressing to ST4, often (not always) coincides with stepping up into middle grade roles and responsibilities.
2. **Completion of training and award of CCT (or CESR-CP),** which precedes specialist registration and the ability to take up a substantive NHS consultant appointment.

Local teams have been asked to provide the required capacity to undertake ARCPs panels as close to the normal timeline as possible. Assessors will not be required to travel and virtual panels for the ARCP process using videoconferencing, telephone or similar will be utilised.

COVID-19-specific ARCP outcomes in Paediatrics

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

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 capabilities will be reviewed at the next ARCP.
- Should be used when a trainee is at a critical progression point in their programme where the RCPCH has amended the curriculum and mandated that the capabilities can be acquired at the next stage of training. Any additional training time necessary to achieve capabilities will be reviewed at the next ARCP.

For paediatrics, ST3 trainees may be allowed to progress to level 2 (ST4-5) without

MRCPCH, if their preparation or attendance has been disrupted by COVID-19; those who have been affected in this manner can be given an outcome 10.1; they will need to obtain MRCPCH before further progression beyond ST5. See below for further details.

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 RCPCH. Additional training time is therefore required before the trainee can progress to the next stage in their training.
- Should be used when a trainee is at the critical progression point of approaching CCT, without the required capabilities for completion, as additional training will be required.
- Should be used when a trainee is at ST3 and expecting to enter ST4 but does not possess all theory parts of the MRCPCH exam.

For paediatric trainees, the two main circumstances where an outcome 10.2 may be used are when:

1. A trainee is unable to progress to level 3 (ST6) because they do not have MRCPCH.
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 the trainee being unable to undertake the RCPCH START assessment or not being able to access sub-specialty training opportunities 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 any minimum time-based rotational elements within each level of training (eg 6 months community, 6 months NICU, etc.). Suitability for progression should be judged on 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, providing their progress has been satisfactory in the placements they have been given. There is no requirement for them (or trainees wishing to do level 3 general paediatrics) to have completed 6 months of CCH, NICU, etc. Trainees must have passed MRCPCH before starting level 3 training.

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, OOPR - where the 50% research time has been temporarily been withdrawn and the trainee will now be 100% clinical, LTFT trainees, who increase from 60% to 100% clinical. Ordinarily, such changes would potentially impact CCT dates. These are not ordinary times. There are likely to be individual factors that make issuing specific guidance to cover every situation impossible.

The RCPCH does 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

The use of the abridged COVID-19-specific ES report (trainee-led) will continue for ARCPs until September 2021. This will reduce the time required for completion for both parties.

In the case of ST3 and ST4 trainees without MRCPCH, there will be a specific question for the ES to complete, indicating whether the trainee is suitable to progress, taking in to account the capabilities that would be required for middle grade working (see Middle Grade suitability – compensatory evidence in absence of MRCPCH, below).

The minimum evidence requirements for progression have been amended and are indicated in the following table.

Minimum evidence requirements to allow ARCP outcome 1 and/or trainee progression - applicable for ARCPs until September 2021

Assessment	Level 1 (ST1, ST2, ST3)	Level 2 (ST4, ST5)	Level 3 (ST6, ST7, ST8)
SLEs	Safeguarding CBD minimum 2 per training level Minimum 1 Handover Assessment Tool (HAT) by end of ST3	Safeguarding CBD minimum 1 per training level Minimum 1 ACAT observed by supervisory clinician 1 HAT per level 1 LEADER per level	Safeguarding CBD minimum 2 per training level 2 LEADER per level
SLEs cont	1 MSF during ST1 1 MSF during ST2 or ST3	1 MSF during level 2	2 MSF during level 3
AoP	Minimum 1 satisfactory DOPS for compulsory procedures		
Life support	Valid life support evidence, APLS, NLS, EPALS or equivalent by end ST3	Continued relevant valid life support evidence	Continued relevant valid life support evidence
Exams and other assessment	ST1 and ST2 - none mandatory ST3 - need the theory exams by ST3 ST3 - can progress to ST4 without full MRCPCH* (will need by end ST5)	ST4 - can progress to ST5 without full MRCPCH* (will need by end ST5)	Completion and reflection from RCPCH START assessment

Assessment	Level 1 (ST1, ST2, ST3)	Level 2 (ST4, ST5)	Level 3 (ST6, ST7, ST8)
Trainer's report	Satisfactory Educational Supervisor report for each training year ST3 can progress without MRCPCH as long as ES report explicitly states suitability*	Satisfactory Educational Supervisor report for each training year ST4 can progress without MRCPCH as long as ES report explicitly states continuing suitability*	Satisfactory Educational Supervisor report for each training year

**ARCP outcome 10.1*

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.

For ARCPs affected by COVID-19, trainees can be allowed to **progress through as far as the end of ST5**, if the ARCP panel awards an outcome 10.1, on the basis that the trainee has completed all MRCPCH theory exams, has otherwise satisfactory progress and the ES report indicates that there is sufficient compensatory evidence of suitability for **level 2** middle grade responsibilities.

Appropriate compensatory evidence for a trainee moving to **level 2 (ST4 or ST5)** without the full MRCPCH exam would require the following learning outcomes and key capabilities, that have not already previously been demonstrated at earlier ARCP, to have been observed and deemed satisfactory by supervisors in the training post or posts during this training year. This observation and assessment must be by clinical supervisors, who are appropriately trained and familiar with the Level 1 curricular requirements. The trainee would also need to have all the MRCPCH theory exams (which is a prerequisite for taking the MRCPCH clinical).

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

Task and key capability	Found in learning outcome
Bed/cot-side clinical assessment and management plan formulations	Lv1 LO4
Communication with team and family/ carer	Lv1 LO2
Organising team with appropriate task prioritisation arising from ward round decisions	Lv1 LO6
Documentation including admission and discharge and letters to family and/ or GP	Lv1 LO2

Managing term infant in neonatal medicine

Task and key capability	Found in learning outcome
Resuscitation at birth	Lv1 LO3
Identifying infants requiring specific investigations or monitoring (risk of sepsis, hypoglycaemia, drug withdrawal, etc.)	Lv1 LO4
Postnatal newborn examination and review	Lv1 LO4
Identifying, investigating and managing infants requiring neonatal unit admissions	Lv1 LO6

Managing preterm infants in neonatal intensive care

Task and key capability	Found in learning outcome
Stabilising the infant following preterm delivery	Lv1 LO3
Investigating and initially managing infants who are acutely unwell (eg septicaemia, acute respiratory deterioration, neurological dysfunction)	Lv1 LO4
Planning and directing care for infants with high dependency or special care dependency requirements	Lv1 LO6

Level 3 trainees approaching CCT

The ARCP panel can award an outcome 10.2 in situations where the 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 not being able to access sub-specialty training opportunities because of the COVID-19 pandemic.

For trainees approaching CCT without the RCPCH START assessment, there is no current appropriate compensatory measure. There is a new GMC-approved RCPCH START assessment that has been delivered via remote technology and the RCPCH does not anticipate being unable to provide enough opportunities for trainees to undertake this assessment within the training year.

See [RCPCH START guidance for trainees](#)

Other RCPCH information

- [Paediatric training and redeployment during COVID-19 surges](#)
- [COVID-19 - developing capabilities around the Progress curriculum](#)
- [Assessment guide \(includes COVID-19 modified table of assessments\)](#)
- [Your wellbeing during COVID-19](#) (resources and blogs contributed by members)

Other training information

Health Education England

- [General COVID-19 information for doctors in training](#)
- [Guidance on management of Less Than Full Time trainees and managing requests for Out of Programme \(OOP\) activities](#) - 5 January 2021
- [Guidance for managing postgraduate medical trainees whose clinical activity has significantly been altered by COVID-19](#) (previously guidance on shielding trainees) - 30 November 2020

Scotland Deanery

- [COVID-19 information about progression, examinations, redeployment, etc.](#)
- [COVID-19 FAQs](#)

Health Education and Improvement Wales

- [COVID-19 information for medical, dental and pharmacy trainees and students](#)

- [COVID-19 information for trainers, educators and employers](#)

Northern Ireland Medical and Dental Training Agency

- [Coronavirus \(COVID-19\) information](#)
- [COVID-19 information – changes to training](#)

Downloads

[ARCP Outcome 10 supplementary C codes](#) 426.68 KB