

## ARCP Guidance – Valid 1 November 2022 until 30 September 2023

### Background

The rules which govern the ARCP process are contained in [The Reference Guide for Postgraduate Foundation and Specialty Training in the UK](https://www.copmed.org.uk/gold-guide). To minimise the impact of the COVID-19 outbreak on the ARCP process, 4 nations guidance was laid out in the documents "Contingency planning for ARCPs – COVID-19 outbreak" and "Supporting the COVID-19 Response: Management of Annual Review of Competency Progression (ARCP)". These were updated in November 2020 (see [Appendix 1](#_Appendix_1_-)). The GMC, the Statutory Educational Bodies and the Academy of Royal Colleges released a [further statement](https://www.gmc-uk.org/education/standards-guidance-and-curricula/position-statements/statement-on-continued-derogations-in-medical-education-and-training) on 30th September 2022 on continued derogations in medical education and training. The temporary derogations will remain in place during the period of major disruption to training caused by the pandemic. The derogations and guidance will be extended until September 2023.

Guidance for Workplace Based Assessments (WPBA) requirements as of 1 April 2022 can be found [here](https://www.rcgp.org.uk/mrcgp-exams/wpba/asssessments). ARCP panels will be mindful of the fact that there have been modified requirements during the pandemic. For the purposes of clarity, most WPBA requirements were effectively suspended from 5 February 2020 to 5 August 2020. The requirements covering that period appear in [Appendix 2](#_Appendix_2_-). After that date panels were expected to be flexible over the timing of the provision of mandatory evidence, but not the minimum quantity (see [Appendix 3](#_Appendix_3_-)). The Guidance was further updated In September 2021 ([Appendix 4](#_Appendix_4_-))

The guiding principles remain that panels should undertake a holistic view, take the impact of COVID-19 into consideration; and look for compensatory evidence when making their assessments.

It should be noted that **all** trainees should be following the new programme of assessments from August 2022. This move for all Colleges is supported by the GMC.

### Q + A General

#### Q1: Do we need to see the trainee face to face if we are giving an Outcome 2, 3, 4 or 10.2 ?

No, this can be done remotely by videoconference, telephone or similar.

#### Q2: What should be our guiding principles when reviewing the evidence?

ARCP panels should consider the impact of the COVID-19 pandemic. This will include taking a more flexible approach to the available evidence, including Workplace Based Assessments, due to the different patterns of working for trainees enforced by the pandemic. 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 data set and agreed compensatory evidence. There should be no post-hoc requirement to provide evidence for the period 5 February 2020 to 5 August 2020, but for ARCPs occurring after 5 August 2020, trainees should have the pro-rata numbers from the periods being assessed before 1 February 2020 and after 5 August 2020 according to which schedule they are on. [Further guidance](#_Appendix_4_-) was issued in October 2021.

#### Q3: What is the Minimum Mandatory Evidence required?

Full guidance for the WPBA assessment numbers can be found [here](https://www.rcgp.org.uk/mrcgp-exams/wpba/asssessments). Most WPBA requirements were effectively suspended from 5 February 2020 to 5 August 2020, and there should be no post-hoc requests to provide missing evidence from that period. Since 5 August 2020 in cases for trainees who are due to CCT where the number of specific assessments has not been achieved, the ARCP panel will be able to deliver a global judgment based on a holistic view of evidence over the three-year programme provided there is a plan as to how any missing evidence (including Learning Logs) will be provided. Panels are expected to be flexible over the timing of the provision of mandatory evidence, but not the minimum quantity (current guidance on WPBA requirements can be found [on this](https://www.rcgp.org.uk/mrcgp-exams/wpba/asssessments) page). Any requirement for this should be clearly signaled on the ARCP form.

#### Q4: A trainee, due to have their final ARCP, has been unable to complete all their mandatory assessments due to a local COVID-19 outbreak in the months just before the panel. What outcome should they be given?

Training activity in general practice has not been suspended since the first wave of the pandemic, although local factors may cause training to be disrupted. In order to CCT, the trainee still needs to have completed the minimum mandatory number of WPBA. If this is not possible before the trainee's ARCP, it may be appropriate to issue an Outcome 5 that can be converted to an Outcome 6 at the discretion of the chair. Trainees working in practices who find themselves in this position should be directed to discuss with their ES or a TPD an alternative plan for collecting the outstanding evidence during the remaining time before they CCT.

#### Q5: Do trainees still need an ESR?

Yes. Trainees will still need an ESR every 6 months (either full or interim). At the end of training, they **must** provide sufficient evidence to be rated as **competent for licensing** in all 13 capabilities The ESR which should normally be carried out within 2 calendar months of the panel.

#### Q6: The Educational Supervisor is not available to complete the ESR, how do we complete the review?

If the ES is unavailable, an alternative medical educator e.g., Programme Director could be asked to complete the ESR.

#### Q7: What does the panel do if the requirements set by the previous panel have been impacted by COVID 19 and not been met?

These should be reviewed, and a holistic judgement made. Where trainees have remaining training time, the ARCP panel should assess whether the panel would still expect these previous requirements to be met during the next phase of training. If this is a final ARCP, and the trainee has been deemed to be competent for licensing across all 13 capabilities, the ARCP panel may decide to waive the requirements.

#### Q8: How long does an exam pass last for?

**Exam currency guidance for AKT:**

All trainees (which includes TGPT, LTFT and those on maternity leave) who were in ST2 or ST3 between 18 March 2020 and 3 August 2021 and whose training may therefore have been affected by the pandemic will have the currency of their AKT assessment extended from 7 years to 7 years and 6 months.

**Exam currency guidance for CSA:**

All trainees (which includes TGPT, LTFT and those on maternity leave) who were in ST3 between 18 March 2020 and 3 August 2021 and whose training may therefore have been affected by the pandemic will have the currency of their CSA assessment extended from 7 years to 7 years and 6 months.

### Outcomes during COVID-19

#### Q9: I have heard there may be a different code for trainees having a panel during the COVID- 19 pandemic. What are they and where do we record it?

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 data set, agreed compensatory evidence and the GG9-compliant decision aid. In addition to the normal range of Outcomes and N codes an Outcome 10 and the code N13 will be available to panels:

N13 Code

Where an ARCP has not taken place because of COVID-19, it is proposed that no outcome is recorded, and an N code supplied indicating and specifying the reason as being due to COVID-19. The trainee will be allowed to progress to the next phase of their training when an early ARCP will be undertaken, and an Action Plan and Personal Development Plan will be put in place.

Outcome 10

Outcomes **10.1** and **10.2** recognise that the trainee has been Achieving progress and the development of capabilities at the expected rate, but acquisition of some capabilities have been delayed by the impact of a national emergency such as COVID-19 disruption. These are therefore ‘no-fault’ outcomes.

As defined in Gold Guide 9[[1]](#footnote-2) :

**Outcome 10.1:** Progress is satisfactory but the acquisition of capabilities by the trainee has been delayed by national emergency/force majeure disruption. The trainee is not at a critical progression point in their programme and can progress to the next stage of their training. Any subsequent additional training time will be reviewed at the next ARCP.

**Outcome 10.2:** Progress is satisfactory but the acquisition of capabilities by the trainee has been delayed by national emergency/force majeure disruption. The trainee is at a critical progression point in their programme and additional training time is required in accordance with paragraph 4.108. Satisfactory progress is defined as achieving the capabilities in the curriculum approved by the GMC at the rate required

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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 owing to the impact of a national emergency/force majeure (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 should capture and set out the required capabilities that will be expected at the next scheduled ARCP, and the time point for this review should be defined. Outcome 10.1 acknowledges potential satisfactory progress but recognises additional training time may subsequently be required (which will be reviewed at the next ARCP).

If ARCP panels are considering awarding an Outcome 2;3;4 or an Outcome 5, they should consider carefully whether the trainees progress has been impacted by COVID-19, before issuing and therefore whether Outcome 10.1 or 10.2 would be more appropriate.

**Supplementary C codes**

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.

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| --- | --- | --- | --- |
| 10.1and 10.2 | C3 | Redeployment could not acquire required experience | Trainee could not acquire appropriate curriculum-related experience due to service changes/pressures from COVID-19, e.g.trainee transferred to work in General (internal) Medicine or similar redeployment. |
| 10.1and 10.2 | C4 | Prolonged self- isolation needed during COVID-19 | Trainee could not acquire appropriate curriculum-related experience during COVID- 19 disruption due to need for prolonged self-isolation based on national guidance. |
| 10.1and 10.2 | C5 | Inadequate progress in this training year prior to COVID-19 | Trainee was NOT on course to receive an outcome 1 or 6 prior to COVID-19 but, given the disruption an unsatisfactory outcome cannot be awarded as the trainee may have been able to achieve satisfactory progression by the time of the ARCP had there not beendisruption. |
| 10.1and 10.2 | C6 | Incomplete evidence due to COVID-19 | Due to COVID-19 disruption, incomplete information has been supplied and/or is available to the ARCP panel, e.g., traineeunable to obtain supervisor reports. |
| 10.2 | C8 | Royal College or Faculty examcancelled with trainee at CCT date | Trainee could not attempt the exam as it was cancelled due to COVID-19 disruption andwill need to sit at the next available opportunity |
| 10.1and 10.2 | C12 | Other issue related to COVID-19 (pleasedescribe) | To capture any COVID-19 issue not covered by codes C1 to C11. |



#### Q10: The Trainee has completed the three-year training programme but not had an opportunity to pass the AKT as they have been shielding throughout. What outcome should be given?

Outcome 10.2

#### Q11: Can you appeal an Outcome 10?

A trainee has the right to request a review of an Outcome 10.1 in accordance with the process set out in GG9 4,167-4.168:

A trainee has the right to appeal against an Outcome 10.2 in accordance with the process set out in GG9 4.169 - 4.179

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 (GG9:1.12) overturning the Outcome 3 and awarding an ARCP Outcome 10.2

#### Q12: I am panel chair and have been asked to ensure all dates for CCT match in the Portfolio, which are they?

The following four dates need to be aligned on the ARCP form on trainees being awarded an Outcome 6:

Period covered: Last date and Expected CCT date.

Posts: End date of last post.

Stages of Training: End date of final stage of training

#### Q13: My Trainee has been working remotely and wants to know if it can count towards training?

# Guidance for ARCP panels on Managing Disruption to Training has been updated and Is available [here](https://www.rcgp.org.uk/mrcgp-exams/wpba) (April 2022).

#### Q14: My Trainee had a period when they were unable to work and wants to know if it can count towards training?

# Guidance for ARCP panels on Managing Disruption to Training has been updated and is available [here](https://www.rcgp.org.uk/mrcgp-exams/wpba) (April 2022).

#### Q15: What about Time Out of Training?

Time-off due to illness including COVID-19 should be treated as any other absence and in line with current guidance on [Managing Time out of Training](https://www.rcgp.org.uk/training-exams/discover-general-practice/qualifying-as-a-gp-in-the-nhs/certificate-of-completion-of-training-cct-guidance-for-gp-trainees.aspx) . Any COVID-19 related self-isolation, will be reviewed on a case by case basis and in line with the Managing Disruption to Training Guidance. If the trainee is not working, it should be considered absence. The GP training curriculum is three years, however guidance on managing Time Out of Training includes some flexibility to allow for time away for short periods of statutory leave and this includes time off to self- isolate etc. Trainees should always plan to complete 36 months of training (whole time equivalent). If there is any doubt about whether a trainee has completed sufficient training time, please check with the College GPSA team (gpsa@rcgp.org.uk).

#### Q16: The trainee under review has been re-deployed– does this count towards training?

If the ARCP panel felt there was evidence of the trainee developing capabilities against curriculum requirements, these posts could count towards training.

### Appendix 1 - Supporting the COVID-19 Response: Enabling Progression at ARCP – Update November 2020

This guidance can be found on the websites of the Statutory Education Bodies, e.g. [here](https://www.scotlanddeanery.nhs.scot/media/398774/arcps-update-position-nov-2020-final-v3.pdf)

### Appendix 2 - WPBA March-Aug 2020

This guidance will be available in an archive format on [this page](https://www.rcgp.org.uk/mrcgp-exams/information-deaneries-supervisors-trainers)

### Appendix 3 - Statement issued by RCGP January 2021: Supporting trainees with WPBA and ARCP during COVID-19

“Following the release of [the latest guidance](https://www.rcgp.org.uk/training-exams/training/mrcgp-workplace-based-assessment-wpba.aspx) the RCGP and COGPED would like to try and address the concerns expressed by some trainees about continuing WPBA during periods of extreme pressure.

Both the RCGP and COGPED recognise that trainees are currently working in extremely challenging circumstances. The intention behind continuing WPBA is that placement planning meetings, CbDs, mini-CEXs, COTs and CSRs will provide a focus for support. They should be an opportunity for you and your Clinical Supervisor to check on your wellbeing, so they should continue wherever possible or alternative support be sought.

If a trainee finds that reflecting on cases in their Learning Logs as part of their evidence is helpful, then they should feel free to do so. We would however like to make it clear that no trainee is expected to reflect in their Portfolio on any experiences that they find personally traumatic. Where necessary, such matters should be dealt with, in confidence, with a trusted mentor.

During particularly challenging periods it is recognised that it may not be possible to upload any Learning Logs. If this situation persists for longer than three months, an explanation should be uploaded into the portfolio.

Anyone in that position and those who are finding it impossible to meet their Clinical Supervisor (even remotely), should arrange an educational discussion with their Educational Supervisor or Training Programme Directors who can signpost them to support. No-one should go unsupported, particularly at this time. We would strongly advocate an early request for support by trainees when they need it. Any trainee struggling with workload or stress, should therefore contact their Clinical Supervisor/Educational Supervisor or Training Programme Director for support sooner rather than later.

It is important that these discussions are documented in Educators Notes as information for panels.

Trainees should be supported to provide the evidence required for WPBA in order to CCT and it is recognised that this may well mean that more evidence has to be uploaded in subsequent posts. If there are “gaps” in the evidence uploaded in the Portfolio, then ARCP panels will take into account documented evidence of workload pressures and COVID-19 impact when reaching their conclusions, provided either the required amount of evidence is present (including Learning Logs) or a plan as to how it will be provided in a subsequent post. Any requirement for this should be clearly signalled on the ARCP form.

We understand how challenging things are for you and want to do everything we can to support you”.

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### Appendix 4 - Workplace Based Assessment (WPBA) requirements from 1 October 2021

It is recognised that the situation with Covid remains fluid and Covid may continue to have a significant impact on trainees and educators. Priority is given to protecting education for trainees. The GMC released a [further statement](https://www.gmc-uk.org/education/standards-guidance-and-curricula/position-statements/statement-on-continued-derogations-in-medical-education-and-training) on 17th September on continued derogations in medical education and training. This policy and the temporary derogations will remain in place during the period of major disruption to training caused by the pandemic. It is anticipated that current Statutory Education Bodies COVID derogations and guidance will be extended into 2022.

The requirements for WPBA have therefore been reviewed. WPBA requirements stand, and Trainees need to demonstrate an understanding of the GP capabilities and would potentially be disadvantaged and unable to progress in training, if their supervision, which includes their assessments, stopped during this time. Trainees should comply with the WPBA requirements, irrespective of whether they are following the old or new programme. Where COVID has impacted on the trainees ability to complete any requirements, this should be recorded in the log and educators notes and the ES will need to state what compensatory evidence is being used to show the trainee has progressed and fulfilled all the requirements.

Flexibility in the WPBA programme during the COVID-19 Pandemic

Assessments including CSRs

Depending on the progress of the pandemic, trainees may need to be deployed to ‘frontline’ areas within the acute hospital setting, but educational provision should still be part of any deployment. If a trainee is unable to complete any aspects of WPBA, such as a placement planning meeting, an assessment or their CSR then they must contact either their Educational Supervisor (ES) or Training Programme Director (TPD). This also needs to be documented in the educator notes of the trainees Portfolio so the ARCP panel can be made aware of any shortfall and the reasons why.

Clinical Examination Procedures and Skills (CEPS)

Clinical Examination Skills are a key skill for any GP. Whilst there is less opportunity to demonstrate these skills, due to the change in balance of face to face consultations and remote consultations, the requirement to meet the capability remains and is mandated by the GMC. Trainees are reminded that this includes a range of examinations and procedural skills relevant to General Practice, in addition to the 5 mandatory CEPs With regard to trainees who are shielding and approaching their final ARCP, but who have not completed the CEPS requirements, then two options exist, of which the first is preferred:

1. Evidence of having undertaken the examination earlier in training provided by a senior clinician of the post they were working in at the time or recorded in a log entry followed by a step by step explanation to their current ES at their Education Supervisor Review on how they would normally conduct such an examination.
2. Consideration by the assessor as to whether the Guidance already given for trainees with a disability includes the trainee being assessed. That guidance states: “…For example, one possible approach might be that a trainee who cannot physically carry out an examination refers the patient to a colleague to carry it out. In a training context, to satisfy the CEPS requirement, the observer (who could be the person who performs the examination) should document on the assessment form the part of the CEPS they did observe, and document why it was necessary for the examination to be done in this way.”

Basic Life Support

Online evidence of Cardiopulmonary Resuscitation will remain acceptable during the Pandemic. It is recognised that during the pandemic, when hands on courses may not be available and practical AED not covered, an online BLS certificate **alone** will be accepted.

Trainees should ideally provide past evidence of hands on practical training as either BLS or ALS and endeavour to complete a practical course as soon as these are available.

Educational Supervisors Review (ESR)

It is important that trainees continue to meet with their Educational Supervisors. The annual ESR in the new Portfolio reduces the time taken to complete an ESR. If the trainee has rated themselves correctly, justified this rating and there is linked evidence for each of the capability areas, the ES can simply agree, stating that they have confirmed this to be correct. The interim ESR further reduces this workload for trainees who are progressing satisfactorily at the mid-point of the training year.

Who can undertake assessments during the pandemic?

Trainees are reminded that assessments (including ESRs) can be undertaken by any suitably accredited educationalist. If trainees are having any difficulty obtaining assessments within their own practice, due to their usual educator being unable to work at a crucial time, they should approach their TPD in the first instance for further support.

Trainees who are shielding

For trainees who are vulnerable and shielding, it is hoped they will have access to IT equipment to be able to continue consulting with patients. If this is not possible then they should contact their ES and /or TPD who can escalate this further to their employers and their Associate Dean or Head of School.

ARCP panels where mandatory evidence is missing

In order to be issued with a Satisfactory Outcome, all mandatory evidence must be provided by the trainee. However, panels should exercise discretion over the timing of receipt of the evidence. In cases where the quantity of evidence missing is small and unlikely to alter the Outcome issued, and the reason for its absence is a temporary disruption of the practice’s ability to deliver their educational role, the ARCP panel should issue a deadline for submission of the absent evidence for the chair to review. The panel may however, where appropriate use their discretion and require small amounts of missing evidence to be made up in the next training phase and review at the next ARCP panel.

### Appendix 5: ARCP Guidance – from 1 April 2022 until 31 October 2022

**Important - this guidance is provided as an appendix for reference ONLY. The guidance below has since been superseded.**

### Background

The rules which govern the ARCP process are contained in The Reference Guide for Postgraduate Foundation and Specialty Training in the UK ([Gold Guide Eighth Edition – GG8 v 31 March 2020](https://www.copmed.org.uk/gold-guide-8th-edition/)). To minimise the impact of the COVID-19 outbreak on the ARCP process, 4 nations guidance was laid out in the documents "Contingency planning for ARCPs – COVID-19 outbreak" and "Supporting the COVID-19 Response: Management of Annual Review of Competency Progression (ARCP)". These were updated in November 2020 (see [Appendix 1](#App1)). The GMC released a further stateme

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nt on 17th September 2021 on continued derogations in medical education and training (Statement on continued derogations in medical education and training - GMC (gmc-uk.org) The GMC have further confirmed in February 2022 that this policy and the temporary derogations will remain in place during the period of major disruption to training caused by the pandemic. It is anticipated that current Statutory Education Bodies COVID-19 derogations and guidance will be extend well into 2022.

Guidance for Workplace Based Assessments (WPBA) requirements as of 1 April 2022 can be found [here](https://www.rcgp.org.uk/training-exams/training/mrcgp-workplace-based-assessment-wpba.aspx). ARCP panels will be mindful of the fact that there have been modified requirements during the pandemic. For the purposes of clarity, most WPBA requirements were effectively suspended from 5 February 2020 to 5 August 2020. The requirements covering that period appear in [Appendix 2](#_Appendix_2_WPBA). After that date panels were expected to be flexible over the timing of the provision of mandatory evidence, but not the minimum quantity (see [Appendix 3](#_Appendix_3_Statement)). The Guidance was further updated In September 2021 ([Appendix 4](#_Appendix_4_-))

The guiding principles remain that panels should undertake a holistic view, take the impact of COVID-19 into consideration; and look for compensatory evidence when making their assessments.

With the introduction of the new Trainee Portfolio in 2020, panels will also need to be aware of the differing schedules the trainee may be following – either the [‘old’ assessment numbers (pre August 2020)](https://www.rcgp.org.uk/training-exams/training/mrcgp-workplace-based-assessment-wpba/old-programme-requirements.aspx) or the ‘[new’ assessment numbers (post August 2020)](https://www.rcgp.org.uk/training-exams/training/new-wpba/assessment-requirements.aspx). However, it should be noted that all trainees should be following the new programme of assessments from August 2022. This move for all Colleges is supported by the GMC.

### Q + A General

#### Q1: Do we need to see the trainee face to face if we are giving a non-standard Outcome?

No, this can be done remotely by videoconference, telephone or similar.

#### Q2: What should be our guiding principles when reviewing the evidence?

ARCP panels should consider the impact of the COVID-19 pandemic. This will include taking a more flexible approach to the available evidence, including Workplace Based Assessments, due to the different patterns of working for trainees enforced by the pandemic. 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 data set and agreed compensatory evidence. There should be no post-hoc requirement to provide evidence for the period 5 February 2020 to 5 August

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2020, but for ARCPs occurring after 5 August 2020, trainees should have the pro-rata numbers from the periods being assessed before 1 February 2020 and after 5 August 2020 according to which schedule they are on. [Further guidance](#_Appendix_4_-) was issued in October 2021.

#### Q3: What is the Minimum Mandatory Evidence required?

Full guidance for the new WPBA assessment numbers can be found [here](https://www.rcgp.org.uk/training-exams/training/new-wpba/assessment-requirements.aspx), and on the old numbers [here](https://www.rcgp.org.uk/training-exams/training/mrcgp-workplace-based-assessment-wpba/old-programme-requirements.aspx). Most WPBA requirements were effectively suspended from 5 February 2020 to 5 August 2020, and there should be no post-hoc requests to provide missing evidence from that period. Since 5 August 2020 in cases for trainees who are due to CCT where the number of specific assessments has not been achieved, the ARCP panel will be able to deliver a global judgment based on a holistic view of evidence over the three-year programme provided there is a plan as to how any missing evidence (including Learning Logs) will be provided. Panels are expected to be flexible over the timing of the provision of mandatory evidence, but not the minimum quantity (current guidance on WPBA requirements can be found [on this](https://www.rcgp.org.uk/gp-training-and-exams/training/workplace-based-assessment-wpba.aspx) page). Any requirement for this should be clearly signaled on the ARCP form.

#### Q4: A trainee, due to have their final ARCP, has been unable to complete all their mandatory assessments due to a local COVID-19 outbreak in the months just before the panel. What outcome should they be given?

Training activity in general practice has not been suspended since the first wave of the pandemic, although local factors may cause training to be disrupted. The requirement for WPBA activity to be completed regularly throughout the training year has been waived but, in order to CCT, the trainee still needs to have done the right number of logs and assessments as per the summary tables depending on whether they are undertaking the [‘old’ assessment numbers (pre August 2020)](https://www.rcgp.org.uk/training-exams/training/mrcgp-workplace-based-assessment-wpba/old-programme-requirements.aspx) or the ‘[new’ assessment numbers (post August 2020)](https://www.rcgp.org.uk/training-exams/training/new-wpba/assessment-requirements.aspx) (making allowance for the suspension of most WPBA requirements during the first wave of COVID March-August 2020). If this is not possible before the trainee's ARCP, it may be appropriate to issue an Outcome 5 that can be converted to an Outcome 6 at the discretion of the chair. Trainees working in practices who find themselves in this position should be directed to discuss with their ES or a TPD an alternative plan for collecting the outstanding evidence during the remaining time before they CCT.

#### Q5: Do trainees still need an ESR?

Yes. Trainees will still need an ESR every 6 months (either full or interim). At the end of training they **must** provide sufficient evidence to be rated as **competent for licensing** in all 13 capabilities in a light touch ESR which should normally be carried out within 2 calendar months of the panel. Guidance on a light touch ESR can be found [here](https://www.rcgp.org.uk/training-exams/training/new-wpba/interim-esr.aspx).

#### Q6: The Educational Supervisor is not available to complete the ESR, how do we complete the review?

If the ES is unavailable, an alternative medical educator with knowledge of the trainee (e.g. Programme Director) could be asked to complete the ESR.

#### Q7: What does the panel do if the requirements set by the previous panel have been impacted by COVID 19 and not been met?

These should be reviewed, and a holistic judgement made. Where trainees have remaining training time, the ARCP panel should assess whether the panel would still expect these previous requirements to be met during the next phase of training. If this is a final ARCP, and the trainee has been deemed to be competent for licens

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ing across all 13 capabilities, the ARCP panel may decide to waive the requirements.

#### Q8: My trainee is a TGPT / LTFT / on Maternity Leave, and has not had an opportunity to sit their exams, what do we do?

 Trainees who feel comfortable to attend a socially distanced assessment at the Pearson Vue Test centres may also sit the AKT. Shielded candidates can be reassured that strict hygiene measures and social distancing measures are in place in accordance with the differing regulations across the four home nations. If an individual has specific concerns, or queries re attending Pearson Vue Exam Centres due to individual health needs they should contact the exams team on exams@rcgp.org.uk at the time of booking the exam.

The conversation with the Educational Supervisor and confirmation regarding readiness to sit the exam is now even more important for TGPT trainees, given the COVID-19 related disruption to training. Please note exam currency guidance:

**Exam currency guidance for AKT:**

All trainees (which includes TGPT, LTFT and those on maternity leave) who were in ST2 or ST3 between 18 March 2020 and 3 August 2021 and whose training may therefore have been affected by the pandemic will have the currency of their AKT assessment extended from 7 years to 7 years and 6 months.

**Exam currency guidance for CSA:**

All trainees (which includes TGPT, LTFT and those on maternity leave) who were in ST3 between 18 March 2020 and 3 August 2021 and whose training may therefore have been affected by the pandemic will have the currency of their CSA assessment extended from 7 years to 7 years and 6 months.

### Outcomes during COVID-19

#### Q9: I have heard there may be a different code for trainees having a panel during the COVID- 19 pandemic. What are they and where do we record it?

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 data set, agreed compensatory evidence and the GG8-compliant decision aid. In addition to the normal range of Outcomes and N codes an Outcome 10 and the code N13 will be available to panels:

N13 Code

Where an ARCP has not taken place because of COVID-19, it is proposed that no outcome is recorded, and an N code supplied indicating and specifying the reason as being due to COVID-19. The trainee will be allowed to progress to the next phase of their training when an early ARCP will be undertaken, and an Action Plan and Personal Development Plan will be put in place.

Outcome 10

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.

**Outcome 10.1** - Progress is satisfactory but the acquisition of competencies/capabilities by the trainee has been delayed by COVID-19 disruption. Trainee is not at a critical progression point. Trainee can progress.

**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.

**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.

If ARCP panels are considering awarding an Outcome 2;3;4 or an Outcome 5, t

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hey should consider carefully whether the trainees progress has been impacted by COVID-19, before issuing and therefore whether Outcome 10.1 or 10.2 would be more appropriate.

**Supplementary C codes**

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.

|  |  |  |  |
| --- | --- | --- | --- |
| 10.1and 10.2 | C3 | Redeployment could not acquire required experience | Trainee could not acquire appropriate curriculum-related experience due to service changes/pressures from COVID-19, e.g.trainee transferred to work in General (internal) Medicine or similar redeployment. |
| 10.1and 10.2 | C4 | Prolonged self- isolation needed during COVID-19 | Trainee could not acquire appropriate curriculum-related experience during COVID- 19 disruption due to need for prolonged self-isolation based on national guidance. |
| 10.1and 10.2 | C5 | Inadequate progress in this training year prior to COVID-19 | Trainee was NOT on course to receive an outcome 1 or 6 prior to COVID-19 but, given the disruption an unsatisfactory outcome cannot be awarded as the trainee may have been able to achieve satisfactory progression by the time of the ARCP had there not beendisruption. |
| 10.1and 10.2 | C6 | Incomplete evidence due to COVID-19 | Due to COVID-19 disruption, incomplete information has been supplied and/or is available to the ARCP panel, e.g. traineeunable to obtain supervisor reports. |
| 10.2 | C8 | Royal College or Faculty examcancelled with trainee at CCT date | Trainee could not attempt the exam as it was cancelled due to COVID-19 disruption andwill need to sit at the next available opportunity |
| 10.1and 10.2 | C12 | Other issue related to COVID-19 (pleasedescribe) | To capture any COVID-19 issue not covered by codes C1 to C11. |



#### Q10: The Trainee has completed the three-year training programme but not had an opportunity to pass the AKT as they have been shielding throughout. What outcome should be given?

Outcome 10.2

#### Q11: Can you appeal an Outcome 10?

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

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.

Trainees assessed during COVID-19 and awarded an ARCP Outcome 3 who believe that a ‘no-fault’ Outcome 10 should have been

Previous guidance - now superseded

, 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

#### Q12: I am panel chair and have been asked to ensure all dates for CCT match in the Portfolio, which are they?

The following four dates need to be aligned on the ARCP form on trainees being awarded an Outcome 6:

Period covered: Last date and Expected CCT date.

Posts: End date of last post.

Stages of Training: End date of final stage of training

#### Q13: My Trainee has been working remotely and wants to know if it can count towards training?

# Guidance for ARCP panels on Managing Disruption to Training has been updated and will be available [here](https://www.rcgp.org.uk/training-exams/training/workplace-based-assessment-wpba.aspx) from late April 2022.

#### Q14: My Trainee had a period when they were unable to work and wants to know if it can count towards training?

# Guidance for ARCP panels on Managing Disruption to Training has been updated and will be available [here](https://www.rcgp.org.uk/training-exams/training/workplace-based-assessment-wpba.aspx) from late April 2022.

#### Q15: What about Time Out of Training?

Time-off due to illness including COVID-19 should be treated as any other absence and in line with current guidance on [Managing Time out of Training](https://www.rcgp.org.uk/training-exams/discover-general-practice/qualifying-as-a-gp-in-the-nhs/certificate-of-completion-of-training-cct-guidance-for-gp-trainees.aspx) . Any COVID-19 related self-isolation, will be reviewed on a case by case basis and in line with the Managing Disruption to Training Guidance. If the trainee is not working, it should be considered absence. The GP training curriculum is three years, however guidance on managing Time Out of Training includes some flexibility to allow for time away for short periods of statutory leave and this includes time off to self- isolate etc. Trainees should always plan to complete 36 months of training (whole time equivalent). If there is any doubt about whether a trainee has completed sufficient training time, please check with the College GPSA team (gpsa@rcgp.org.uk).

#### Q16: My trainee has continued to work but has entered very little in their Portfolio

The ARCP panel will make the final decision based on a holistic view of the trainee’s progress and the trainee’s adherence to the guidance during the first emergency phase (1 March 2020 to 5 August 2020): “Trainees should continue to make learning log entries where possible and workload allows in their Portfolio”. Please see [Appendix 2](#_Appendix_2_WPBA) for details. The guiding principles behind the latest WPBA and Managing Disruption to Training guidance are available [here.](https://www.rcgp.org.uk/training-exams/training/mrcgp-workplace-based-assessment-wpba.aspx)

#### Q17: The trainee under review has been re-deployed– does this count towards training?

If the ARCP panel felt there was evidence of the trainee developing capabilities against curriculum requirements, these posts could count towards training.

Previous guidance - now superseded

1. Add link to Gold Guide 9 [↑](#footnote-ref-2)