

COVID-19 and Trainee Progression in 2020 (update I) – 1 April 2020

Please note this is primarily a UK-based document. The Royal College of Surgeons in Ireland (RCSI) issued a separate statement [here](#) to cover the situation in Ireland.

You can find the JCST's original statement published on 19 March 2020 [here](#).

Trainees' wellbeing is very important to JCST and the Colleges and we hope that the following document provides some further clarity and support, and allows trainees to plan for the coming months. We are also aware that some local offices and deaneries are encouraging trainees to go to their Trust's or Health Board's Director or Associate Director of Medical Education, or to their Educational Supervisor, Training Programme Director, Associate Postgraduate Dean or Programme Support Unit in the first instance, if they need support. There are some resources available on the Intensive Care Society's website [here](#); and the Academy of Medical Royal Colleges' (AoMRC) website also includes a number of resources and advice under their 'Support for doctors' webpage [here](#). For those in Scotland, you will also find additional information on where to seek further support [here](#).

All the bodies involved in surgical training are continuing to work together to find the safest and most pragmatic solution to the current situation. This update has the support of the Confederation of Postgraduate Schools of Surgery (CoPSS) and was discussed with the four Statutory Education Bodies (SEBs).

This update includes additional information on the following topics:

- National Selection
- Training Interface Group (TIG) Fellowships
- FRCS (exit) examination
- Acting up as a Consultant
- Useful links

Given the rapidly changing nature of the current situation, the advice below may be subject to further changes.

National Selection

Please refer to the JCST's original statement [here](#) for our previous guidance.

Following detailed discussions, the Medical and Dental Recruitment and Selection (MDRS) group decided that National Selection will take place as described below. Please read the full statement from the four Statutory Education Bodies (SEBs) [here](#).

ST3 National Selection Surgical Specialties (Round 2 – 2020) for the following specialties:

Otolaryngology (run by HEE Yorkshire & Humber); Paediatric Surgery (run by HEE Yorkshire & Humber); Plastic Surgery (run by HEE London and South East); Trauma & Orthopaedics (run by HEE Yorkshire & Humber; and Urology (run by HEE Yorkshire & Humber).

- Applicants have already completed a self-assessment proforma, designed by the Specialty Advisory Committees (SACs), as part of the normal selection process.
- This proforma produces a self-assessment score as part of the SAC's design.
- There will be no uploading of evidence to support the self-assessment score and no validation of the score.
- The score from this self-assessment will be used to rank the applicants.
- National Training Number (NTN) posts will then be offered using the normal matching process based on applicants' ranks and regional preferences.

For General Surgery and Vascular Surgery (run by HEE London and South East):

- This combined selection process does not include a self-assessment.
- All applicants (including those who were not originally short-listed) will be invited to complete and submit a new self-assessment proforma designed by the SAC.
- This proforma will produce a self-assessment score which will include a weighting according to the number of years post registration as designed by the SACs.
- There will be no uploading of evidence to support the self-assessment score.
- Because this is a new and untested process in these specialties, 30% of the proformas, equally divided between the top, middle and bottom of the rankings (i.e. 10% from each), will be checked by a virtual panel of selectors.
- If, for any reason, this checking cannot be completed by a date to be set, then the self-assessment score will go forwards.
- The score from this self-assessment will be used to rank the applicants.
- NTN posts will then be offered using the normal matching process based on applicants' ranks and regional preferences.

Further updates and a plan of action will be released in the coming days.

In the meantime, if trainees have any queries/concerns, we would advise them to contact their National Recruitment Leads.

Training Interface Groups (TIGs)

Please refer to the JCST's original statement [here](#) for our previous guidance.

Matters are progressing rapidly after the recent announcement that trainee rotations planned for April will not take place other than in exceptional circumstances.

It is now clear that TIG Fellowships due to start in June 2020 will not do so either – not only are doctors needed in their existing posts to support patients, but TIG Fellowships would most probably not deliver the standard training expected and TIG training may not even be possible at all.

We recognise that this will mean TIG appointees will reach their provisional certification date and be awarded their ARCP outcome 6. They would then either enter their period of grace or move on to another post if so arranged.

All the relevant bodies are working to minimise disruption where possible and to restore matters to normality as soon as possible after the crisis is over. We hope to be able to accommodate TIG appointees into their Fellowships as soon as possible and plans for this will remain under review. In this way we hope that trainees will not suffer disadvantage in the long run.

We describe below our guidance for trainees due to start a TIG Fellowship this summer and for trainees who are currently on a TIG Fellowship due to finish in the coming months.

Trainees due to start TIG Fellowships in June/July 2020

- These trainees will not be starting their fellowships as planned in June/July due to the need to retain doctors in their local regions.
- Their certification dates will need to be reverted back to the original dates.
- The trainees who have passed their FRCS section 2 will progress through to complete their training. We expect them to be awarded an ARCP outcome 6 and proceed to certification.
- A small number of fellows were appointed contingent on their passing the FRCS section 2 prior to starting the fellowship. These trainees have not had the opportunity to sit the exam due to it being cancelled. We propose that these trainees will have their certification date extended to allow them to sit the exam.
- We will honour all the TIG appointments which were expected to start in June/July but they will have to be taken up once the current situation improves and the crisis is over. In arranging these placements we will ensure that training capacity is respected, recognising that some units will not be able to accommodate more than one Fellow at the same time. By then most appointees will be post-certification, but we hope to apply the same quality management methods as those currently in use.
- Fellowships being completed post-certification will have salaries paid at the normal TIG rate.

Existing TIG fellows

- These fellows may stay in their TIG post or return to their home deanery/HEE local office.
- We expect them to be awarded their ARCP outcome 6 and proceed to certification.
- We will be flexible when awarding certificates of TIG completion. Certificates of TIG completion will be awarded if a sufficient majority of the work/training has been completed.
- Trainees who have not achieved the majority of outcomes of the TIG Fellowship, will have an opportunity to return to their Fellowship when matters settle and elective surgery resumes. Again we will not compromise training capacity in those units which cannot accommodate more than one Fellow at the same time.
- We hope the period of grace will be available post-certification for previous TIG fellows, and for other trainees post-certification.

FRCS exam and Certification

JCST recommends that trainees who have not been able to sit the FRCS exam due to cancellations, and who will not be able to sit it prior to their provisional certification dates, should have their training extended to allow them to sit it at the next available opportunity.

Acting Up as a Consultant

It is important that Acting Up posts follow [Gold Guide](#) (section 3.166) advice and are in line with GMC guidance [here](#). We would also suggest that the trainees review and follow the Acting Up process described in the JCST website [here](#).

If the GMC or the Statutory Education Bodies (SEBs) approach changes, we will update trainees and trainers further.

Useful links

- 1) New [Gold Guide](#) (8th edition) released on 31 March 2020
 - includes release statement [here](#); and
 - link to the full *Gold Guide* as well as a summary of all the changes
- 2) [GMC advice for Doctors](#) webpage
 - includes advice on doctors working outside their normal field of practice; doctors' own health; prioritising access to treatment; and more
- 3) [Advice from HEE](#) webpage
 - [COVID-19 and plans for management of medical and dental training programmes statement](#)
 - describes the need to balance increased calls for service delivery with training requirements and describes how training safety will be assured in more detail within England
- 4) [Advice from NES](#) webpage
 - includes useful documents including a [Letter to Trainees](#) in Scotland issued on 23 March 2020
 - guidance for those considering returning from Out of Programme (OOP) posts or Less Than Full Time (LTFT)
 - includes guidance on the need to balance increased calls for service delivery with training requirements and describes how training safety will be assured in more detail within Scotland
- 5) [Advice from HEIW](#) webpage
 - [guidance for Health Boards](#)
 - describes the need to balance increased calls for service delivery with training requirements and describes how training safety will be assured in more detail within Wales.
- 6) [Advice from NIMDTA](#) webpage
 - includes FAQs and other information for trainees
- 7) Advice from the [Academy of Medical Royal Colleges](#)
 - includes a new webpage [here](#) focusing on mental health and wellbeing support for doctors and other healthcare workers during COVID-19 outbreak; and
 - overarching COVID-19 resource page [here](#)

- guidance on exams for those in training [here](#)
- 8) Additional guidance and advice on COVID-19 is also available at:
- [Royal College of Surgeons of Edinburgh](#)
 - [Royal College of Surgeons of England](#)
 - [Royal College of Physicians and Surgeons of Glasgow](#)
 - [Royal College of Surgeons in Ireland](#)

Please refer to our previous JCST statement published on 19 March 2020 for additional links.

The following topics were addressed in the [JCST's statement](#) released on 19 March 2020:

- MRCS and Progression to ST3
- Annual Review of Competence Progression (ARCP)
- Workforce and training vacancies
- Out of Programme (OOP)
- Trainee time off due to illness/self-isolation
- Training post rotations

Trainees and trainers (TPDs, AESs and CSs) should communicate regularly to enable trainees' concerns to be discussed openly and ways forward to be found. We suggest that regular communications take place to ensure trainees have the support they need.

The JCST will continue to endeavour to support trainees and trainers during these trying times, and will update all those involved in training on a regular basis as we monitor the situation.

This update will be posted as a news item on the [JCST](#) and [ISCP](#) websites and will be shared on Twitter [@JCST_Surgery](#).