

Surgery specific management of ARCPs during COVID-19 – published 1 June 2020

In response to the Statutory Education Bodies¹ (SEBs) and General Medical Council (GMC) announcements.

This document is to be used in conjunction with JCST decision aid flowcharts and SEB and GMC documents.

The JCST is an advisory body. The information below is to be used as guidance only. ARCP processes, including appeals processes (see SEBs guidance on appeals [here](#)), are managed and run by local offices and deaneries, and ARCP Outcomes are the responsibility of ARCP panels.

Summary

- Trainees and trainers should not be burdened with assessments and should not be disadvantaged due to circumstances beyond their control.
- Wherever possible, standard ARCP Outcomes should be used for Core and Specialty training.
- COVID-19 related disruption should not prevent progression.
- The SEBs have issued guidance on the [conduct of ARCPs](#) and have instructed that the new Outcome 10 is to be used as described below² and the GMC has approved the curriculum derogations referred to in this document (see Appendix 1).
- If trainees have been achieving WBAs and indicative numbers between one training stage and the next pro rata, accounting for COVID-19 related disruption, and other training year Outcomes have been met, then an Outcome 1 is appropriate.
- ARCP Outcome 10 – this is a Gold Guide 4.91 derogation in response to COVID-19 to provide a “no fault” Outcome. Outcome 10 recognises that overall progress has been satisfactory, but recognises that due to COVID-19 acquisition of some capabilities has been affected and that additional training might be required.
- Outcome 10.1
 - May be used to permit progression if there are training level requirements which have not been met due to COVID-19 related disruption.
 - May also be used at the end of Core Surgical Training to permit an extension to training time (following discussion between trainee and Training Programme Director (TPD)/Associate Postgraduate Dean) where COVID-19 related disruption has prevented acquisition of all competencies (e.g. MRCS). Outcome 10.1 at CT2 will permit progression to ST3 for those trainees who were appointed to ST3 in 2020 national selection.
 - Should also be used to permit progression to ST7 or an extension to training time (following discussion between trainee and Training Programme Director/Associate Postgraduate Dean) at ST6 (ST5 in OMFS and Urology) for trainees who have not achieved all the curriculum requirements for this level due to COVID-19 related disruption (see main text for guidance to TPDs on writing references for trainees applying to sit the Intercollegiate Specialty Board examination – FRCS).
- Outcome 10.2
 - Should be used to permit an extension to training time for trainees at the end of specialty training where acquisition of curriculum requirements was prevented due to COVID-19.
- Outcome 6 at the end of core and specialty training should only be awarded if all curricular requirements have been achieved (as in years not affected by COVID-19).

¹ Health Education England (HEE), Health Education and Improvement Wales (HEIW), NHS Education for Scotland (NES), and Northern Ireland Medical & Dental Training Agency (NIMDTA).

² Instructions on the use of Outcomes 10.1 and 10.2 in the event of a trainee not having passed MRCS by the end of Core Surgical Training because of COVID-19 disruption have changed since the making of the SEB ‘ARCP During COVID-19’ video. The current position is outlined in this document and accompanying slides (flowcharts).

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A. General Principles

- There will be ARCPs this year, particularly for trainees at key times in their training.
- Trainees will progress to the next training year where possible.
- The ARCP process needs to test suitability for progression, but must also be highly pragmatic under the current circumstances.
- Evidence covering a full training year may not all be available if training has been disrupted by COVID-19.
- The Educational Supervisor's (ES) report will be the key piece of evidence. If this is satisfactory and recommends progression then insufficient other evidence may be overlooked, if appropriate, under the current circumstances.
- A new Outcome 10 is being introduced for trainees who are unable to meet all requirements because of COVID-19. This is a "no fault" recognition of the impact of COVID-19 on training. There are two options – 10.1 and 10.2 - which allow progression with a specific training and personal development plan or permit extra training time.
- This document is intended to guide surgical trainers and trainees and is based on the SEBs' principles for ARCPs during COVID-19. See final SEB/GMC guidance documents below:
 - [Implementing ARCP Outcomes 10.1 and 10.2 during COVID-19](#)
 - [2020 ARCP recording where coronavirus \(COVID-19\) has impacted on trainee progression](#)
 - [Enabling Progression at ARCP](#)
 - [Managing extensions to training](#)

B. Prioritisation of ARCPs

- While attempts will be made to carry out all ARCPs, there may not be resources available to hold an ARCP for every trainee.
- JCST advises that all trainees in the following groups *must* have an ARCP:
 - Trainees at progression points in their curricula:

Training year	Progression Point
CT1/ST1 (OMFS only)	Completion of Core curriculum
CT2/ST2	Completion of Core curriculum
ST4 (Vascular Surgery only)	Completion of General Surgery competencies
ST6 (or ST5 in OMFS and Urology)	Progression to ST7 (or ST6 in OMFS and Urology) to permit entry to the FRCS examination
Training year	Critical Progression Point
ST8 (or ST7 in OMFS and Urology)	Certification

- Trainees who have previously been identified as requiring development of specific capabilities (on an ARCP Outcome 2) or have required additional training time (on an ARCP Outcome 3).
- Trainees who need to revalidate

C. ARCP Process

- A Specialty Advisory Committee (SAC) Liaison Member should normally provide externality at 75% of all ARCPs to advise on trainee suitability for progression and as part of quality assured training in surgery. The Liaison Member plays a key role in the recommendation of trainees to the GMC for certification following the award of an ARCP Outcome 6. Under the current circumstances, the SEBs have worked together to issue a derogation to the Gold Guide which reduces the minimum number of ARCP panel members to two. JCST advises that Liaison Members should still be invited to contribute to ARCP panels, particularly for those considering an Outcome 6, for the other progression points (see B above), and for trainees already on an Outcome 2 or 3. This can be delivered virtually, after ISCP portfolio review, through tele/videoconferencing or email ahead of the ARCP panel meeting, if required.

D. Evidence required for ARCPs

a. Minimum Evidence

- Educational Supervisor (ES) report (or Training Programme Director (TPD)) if ES not available) detailing overall progression compared to curriculum requirements, including comments on:
 - WBAs (including a comment on the quantity and breadth presented)
 - Logbook
 - Reference to Clinical Supervisor comments
 - Any concerns arising:
 - Prior to the COVID-19 period
 - As a result of COVID-19, and the impact COVID-19 related disruption has had on the trainee's progress
 - Holistic assessment within the report covering key areas of clinical practice including the team's impression of the trainee performance
- Validated WBAs
- Operative logbook – complete up to 1 March 2020
- At least one Clinical Supervisor report (relating to the time prior to COVID-19 disruption)

b. Desirable Evidence

- Additional Clinical Supervisor reports relating to the period of the COVID-19 disruption
- Full number and breadth of validated WBAs (pro rata to allow for COVID-19 disruption)
- Multi-Source Feedback (MSF)
- Operative logbook – up to date

c. Compensatory Evidence

- The ES report can provide compensatory evidence through its holistic assessment should any of the desirable evidence be incomplete.
- The ES's report should include comments on the team's view of trainee performance as this can be compensatory for the MSF if the latter cannot be completed.

d. Additional (voluntary) Evidence

- Any relevant experience gained during the COVID-19 period.
The JCST, in collaboration with trainee groups, has issued guidance and suggestions on experience that can be recorded **entirely voluntarily** within the trainee's electronic portfolio on the ISCP, along with a [trainee-designed logbook](#) of COVID-19 related experience. An ARCP Outcome will not be adversely impacted by non-recording of this additional evidence.

E. ARCP Outcomes

- Normal Outcomes
 - The panel should make holistic judgements as described above **using the normal ARCP Outcomes where possible.**
- Outcome 10
 - The SEBs have issued documents (all of which need to be read together) which describe how these new Outcomes (see links to documents above under "A.General Principles") are to be used for trainees who were otherwise progressing satisfactorily, but who failed to acquire some capabilities because of the impact of COVID-19. These are "no fault" Outcomes.
- Outcome 10.1
 - May be used to permit progression if there are training level requirements which have not been met due to COVID-19 related disruption.
 - The ARCP narrative report and Personal Development Plan should list the competencies whose acquisition was delayed by COVID-19. Acquisition of these competencies will be reviewed at the next ARCP to ensure return to the correct training trajectory.

Any extra time can be considered at this point using Outcome 10, if COVID-19 is still a factor or, otherwise, using the standard Gold Guide processes (including change of provisional certification date, if appropriate).

- May also be used at the end of Core Surgical Training to permit an extension to training time (following discussion between trainee and Training Programme Director/Associate Postgraduate Dean) where COVID-19 has prevented acquisition of all competencies necessary to complete Core training (e.g. MRCS).

The duration of the extension will be determined by the ARCP panel and should realistically permit acquisition of the necessary competencies.

The next ARCP will then determine whether the necessary competencies have been met. Outcome 10 will still be available at that point. If the necessary competencies have not been met, and if COVID-19 related disruption has been a factor in this, then JCST recommends that Outcome 10 is used if further training time is still appropriate. If COVID-19 related disruption was not a factor in not achieving the necessary competencies then Outcome 4 may be appropriate. If the necessary competencies have been met, then Outcome 6 would be appropriate.

- Uncoupled Core Surgery trainees who are awarded an ARCP Outcome 10.1 for CT2 may still progress to ST3, if they were successfully appointed at national selection (in which they will have passed MRCS as this was an entrance requirement to the national selection process).
- Outcome 10.1 may be used at ST6 (ST5 in OMFS and Urology) if curriculum requirements for this level have not been met due to COVID-19 related disruption. The panel should clearly record on the ISCP which curriculum requirements have not been met, indicating whether these include the knowledge and clinical skills required for ST6 (ST5 in OMFS and Urology).

The trainee should then have a discussion with their TPD/Associate Postgraduate Dean to determine whether it will be possible to make up the deficient requirements rapidly during ST7 (ST6 in OMFS and Urology) or whether extra training time at ST6 (ST5 in OMFS and Urology) is required.

Intercollegiate Specialty Board Examination (FRCS)

The Joint Committee on Intercollegiate Examinations (JCIE) has indicated that Outcome 10.1 at ST6 (ST5 for OMFS and Urology) will be acceptable to meet their entry requirements for the Intercollegiate Specialty Board (ISB) examination (FRCS). A TPD reference is an essential entrance requirement to the ISB examination. TPDs are normally required to confirm that the trainee has an ARCP Outcome 1 for ST6 (ST5 for OMFS and Urology). This requires the knowledge and clinical skill described by the curriculum for that level – this equates to the knowledge and clinical skill expected of a day one consultant. The ISB examination is set at the level of a day 1 consultant.

As the JCIE will accept applications for examination entry from trainees awarded an ARCP Outcome 10.1 at ST6 (ST5 for OMFS and Urology), TPDs should consider carefully when writing references for trainees in this position. If the trainee does not have the knowledge and clinical skill expected for the end of ST6 (ST5 in OMFS and Urology) then success in the examination is unlikely. See JCIE statement [here](#).

- Outcome 10.1 can be subject to a review.

• Outcome 10.2

- Outcome 10.2 will be used for trainees at the end of specialty training where acquisition of certification requirements was prevented due to COVID-19. Extra (no fault) time in training will be allowed. If non acquisition of curriculum requirements is not due to COVID-19 then Outcome 3 should be considered.
- Any extra time required at the ARCP which reviews progress after the award of an Outcome 10.2 will be considered using standard Gold Guide processes (including change of provisional certification date, if appropriate). Outcome 10 will also be available for use.
- Outcome 10.2 can be subject to a review and appeal.

- **Managing extensions to training**
This is described in the document issued by the SEBs – [Managing extensions to training](#). This indicates that all extensions are to be managed within the maximum times permitted in the Gold Guide, although Postgraduate Deans do have some discretion.
- **Timing of ARCP following award of Outcome 10**
The ARCP panel should determine the appropriate timing for the next ARCP after the award of an Outcome 10. It may be appropriate to hold this before a full year has passed, whilst allowing enough time to make up deficient requirements identified.
- **Outcome 6**
This should only be awarded at the end of core or specialty training if all curriculum requirements have been achieved.
At the end of specialty training, alternative evidence to demonstrate curriculum requirements from what is normally expected is acceptable for the areas of research, audit, quality improvement, teaching and training, management, courses and conferences. These requirements are shown in Appendix 2.
- **Outcome 3**
 - **General criteria**
 - Evidence of non-engagement with portfolio and learning in the training year up until disruption caused by COVID-19.
 - Where there is evidence of significant deviation from the training trajectory (especially if these involve patient safety or professional behaviour issues) which could not be realistically made up for even without disruption caused by COVID-19.
 - **Specific criteria**
 - If, at ST6 (ST5 in OMFS or Urology), a trainee has not met the curriculum requirements, and COVID-19 related disruption was not the only factor in this, then an Outcome 3 may be appropriate.
 - Trainees who were awarded an Outcome 2 for their ST5 ARCP (ST4 in OMFS and Urology) and who have not met all the requirements of that Outcome by the time of their ST6 ARCP, where this has not been affected by COVID-19.

F. Examples of the use of ARCP Outcomes

The SEBs require the new Outcomes to be used as described in the flowcharts (see Appendix 3).

G. Specialty specific Outcome criteria at progression points

- **Core Surgery**
See OMFS section for CT1/ST1
- **Cardiothoracic Surgery**
No specific issues
- **General Surgery**
No specific issues
- **Neurosurgery**
No specific issues
- **Oral and Maxillofacial Surgery (OMFS)**
OMFS specific flowcharts will be issued to OMFS trainers and trainees, due to the unique training pathway in this specialty. These will follow exactly the same principles as the main flowcharts and this document.

- CT1 / ST1
A run-through ST1 trainee who has not gained all clinical Core competencies (but was on track to do so) or who has not been able to pass MRCS because of COVID-19 related disruption may be allowed into ST3 with an ARCP Outcome 10.1 if their Educational Supervisor's report is supportive, detailing the outstanding competencies that are required before progressing into ST4.
 - An uncoupled CT1 trainee who has not gained all clinical Core competencies (but was on track to do so) or who has not been able to pass MRCS because of COVID-19 related disruption may be awarded an ARCP Outcome 10.1 if their Educational Supervisor's report is supportive, and should be permitted to progress into an ST3 post if appointed, with the need to gain all clinical core competencies and pass MRCS before progressing into ST4.
 - If Core Surgery requirements are not met (and the trainee was not on track to do so), the trainee progresses to CT2 / ST2 with a standard Gold Guide Outcome or Outcome 10.1, if appropriate.
- **Otolaryngology**
If a trainee has not reached the minimum number of 10 septorhinoplasties by certification, then equivalent evidence may be presented which includes a PBA at level 4 in septorhinoplasty plus operative experience in septoplasty and nasal manipulation.
 - **Paediatric Surgery**
No specific issues
 - **Plastic Surgery**
No specific issues
 - **Trauma and Orthopaedic Surgery**
No specific issues
 - **Urology**
No specific issues
 - **Vascular Surgery**
 - ST4
Trainees must meet the General Surgery competencies in the curriculum before progressing to ST5, after which they focus entirely on Vascular Surgery. If the General Surgery competencies have not been met by the ST4 ARCP then extra time may be required before progression to ST5. It is not likely to be possible to meet the General Surgery competencies at ST5 or above.
Any extra time needed, as a result of COVID-19 related disruption, should be arranged by using ARCP Outcome 10.1 which will lead to a discussion between the trainee and their TPD/Associate Postgraduate Dean to determine whether the missing competencies can be rapidly made up in ST5 or whether extra training time is required at ST4.

Appendix 1

GMC approved curriculum derogations

- Current ST2 run-through trainees who have:
 - a) failed to pass the MRCS **AND/OR**
 - b) failed to achieve all Core Surgery curriculum defined clinical and operative requirements because of COVID-19 related disruption:

can proceed to ST3 and must pass MRCS and/or achieve all curriculum requirements by ST3 ARCP

Flowcharts 1 and 3

- Current CT2 uncoupled core trainees who have:
 - a) passed the MRCS **BUT**
 - b) failed to achieve all Core Surgery curriculum defined clinical and operative requirements because of COVID-19 related disruption **AND**
 - c) who can achieve these in ST3:

can proceed to ST3 and must achieve all Core curriculum requirements by ST3 ARCP

Flowcharts 2 and 4i

- Current ST6 (ST5 in OMFS and Urology) trainees who have:
 - a) otherwise been progressing satisfactorily **BUT**
 - b) have not been able to gain all specialty curriculum requirements because of COVID-19 related disruption:

can proceed to ST7 and sit the FRCS examination if they have the support of their TPD

Flowcharts 5 and 6

- Current ST8 (ST7 in OMFS and Urology):
Whilst alternative evidence may be used to demonstrate that competencies have been met, trainees will only achieve an ARCP 6 and be recommended for the award of a CCT where they have completed all requirements of the curriculum.

Appendix 2

Curriculum requirements for which alternative evidence is acceptable

The JCST certification guidelines for each specialty list examples of evidence against curriculum requirements. Trainees approaching certification should continue to present what is described in the certification guidelines for the clinical and operative experience and competencies.

Alternative evidence to what is described in the certification guidelines may be presented to demonstrate how each of the domains listed below have been met.

Research

Evidence of having met the relevant requirements for research and scholarship, as described in the GMC's Generic Professional Capabilities framework. Broadly, this includes:

1. The demonstration of evidence based practice.
2. Understanding how to critically appraise literature and conduct literature searches and reviews.
3. Understanding and applying basic research principles.
4. Understanding the basic principles of research governance and how to apply relevant ethical guidelines to research activities.

Quality Improvement

Evidence of an understanding of, and participation in, audit or service improvement.

Medical Education and training

Evidence of an understanding of, and participation in, medical education and training.

Management and leadership

Evidence of an understanding of management structures and challenges of the NHS in the training jurisdiction.

Additional courses / qualifications

Evidence may include previous passes in particular courses (e.g. ATLS, PILS), alternative equivalent courses (e.g. European Trauma Course) or WBAs demonstrating equivalent competencies.

Educational conferences

Evidence of having attended appropriate educational conferences and meetings.

Appendix 3

Examples of the use of ARCP Outcomes

Flowchart 1 (ST2 on Outcome 1 for ST1)

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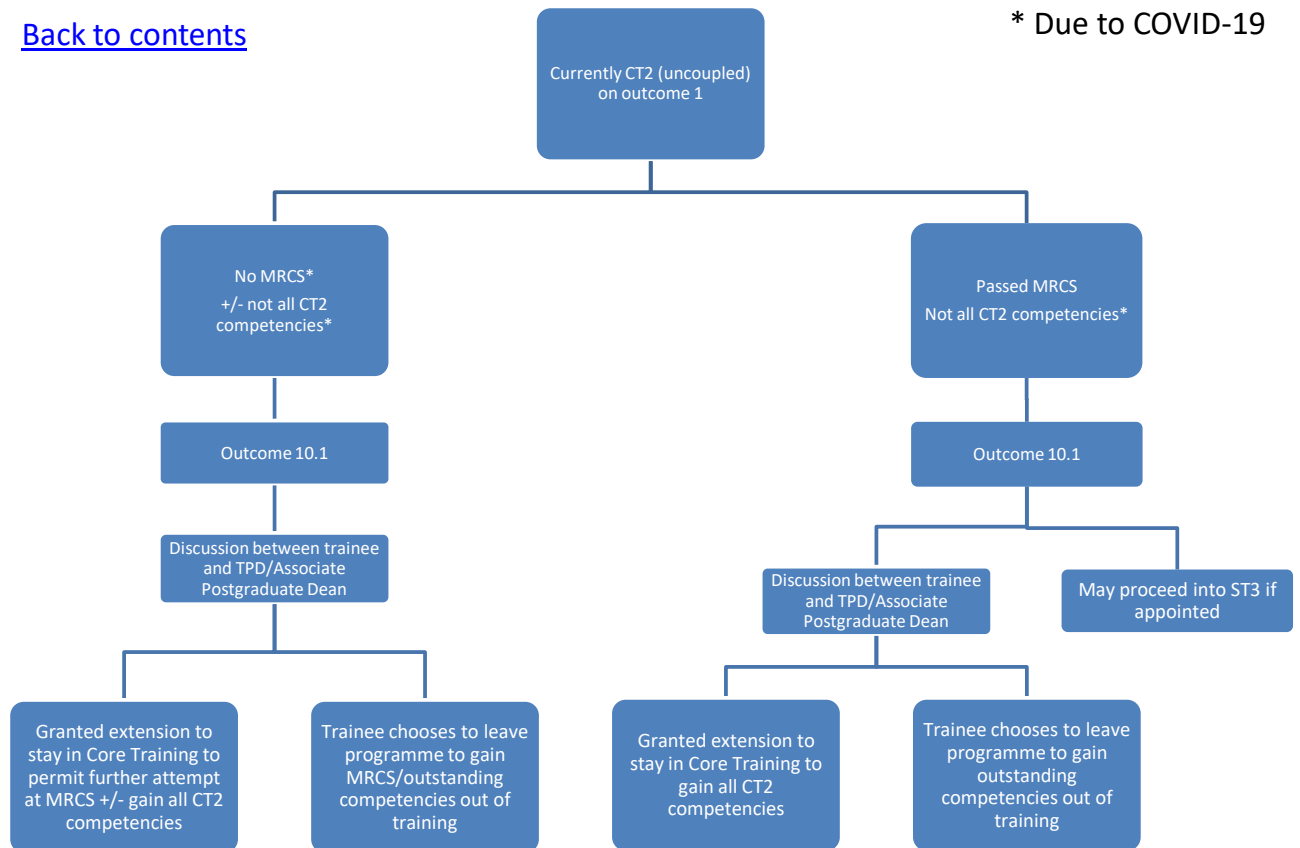


* Due to COVID-19

Flowchart 2 (CT2 on Outcome 1 for CT1)

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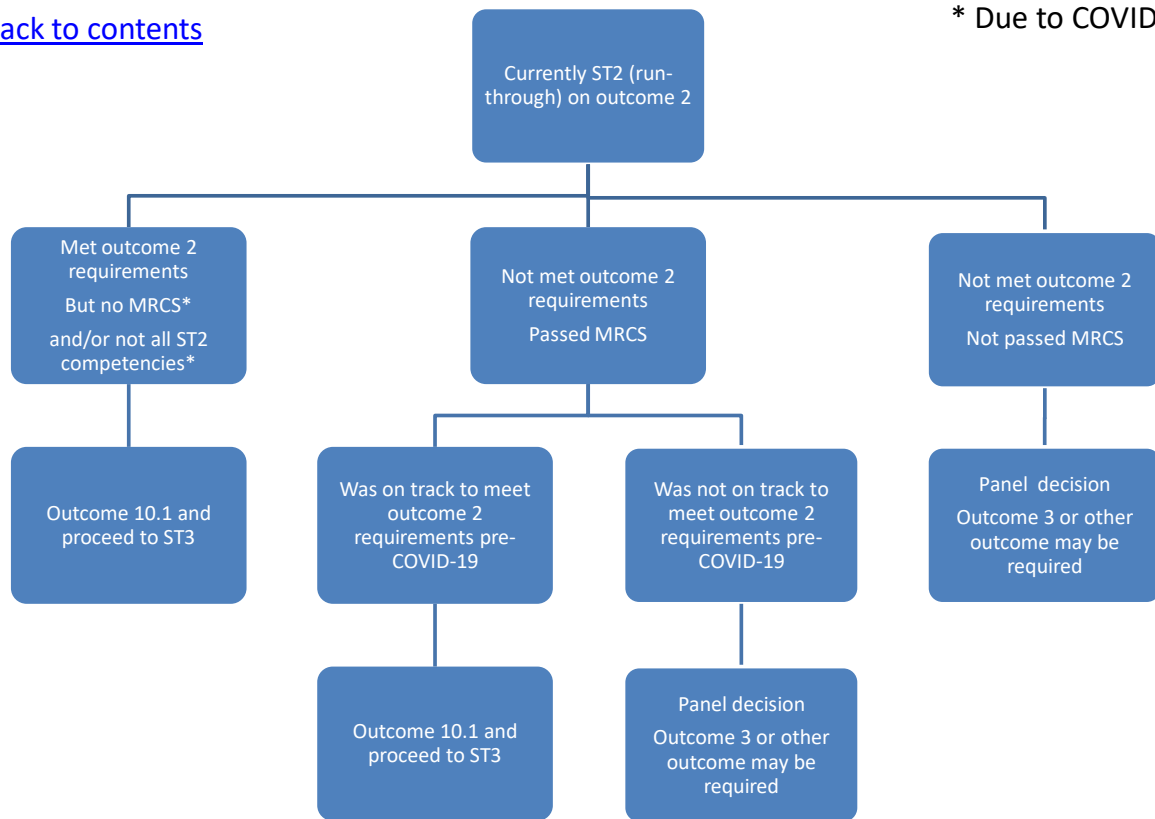
* Due to COVID-19



Flowchart 3 (ST2 on Outcome 2 for ST1)

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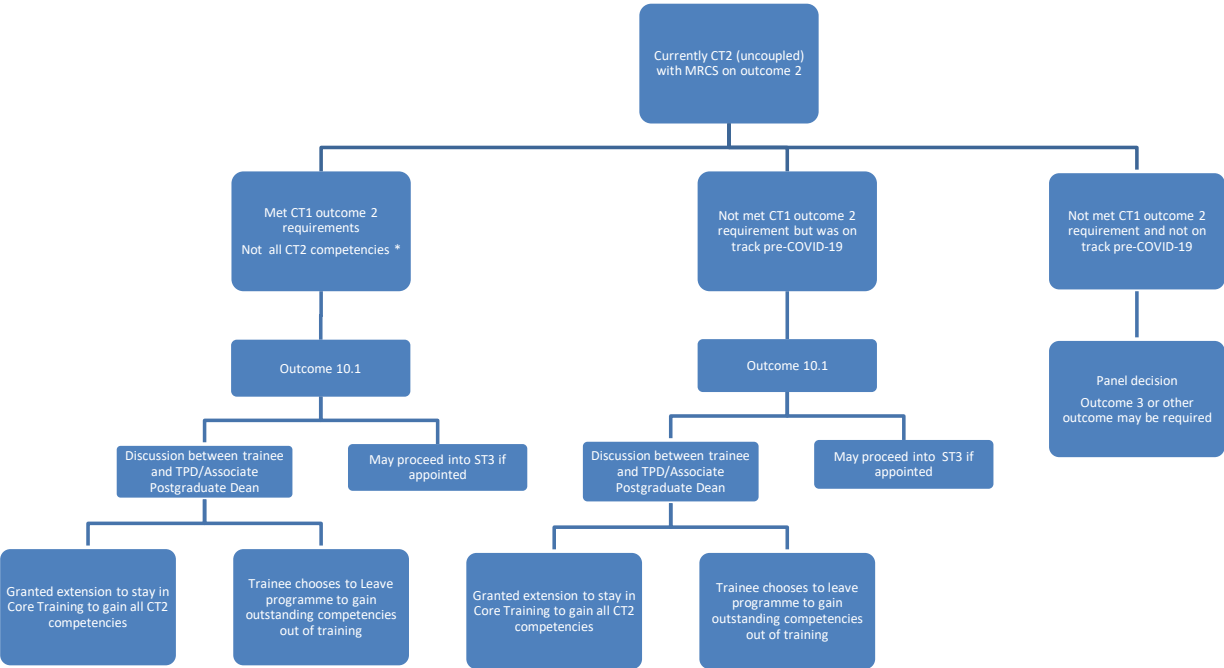
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Flowchart 4 i (CT2 with MRCS on Outcome 2 for CT1)

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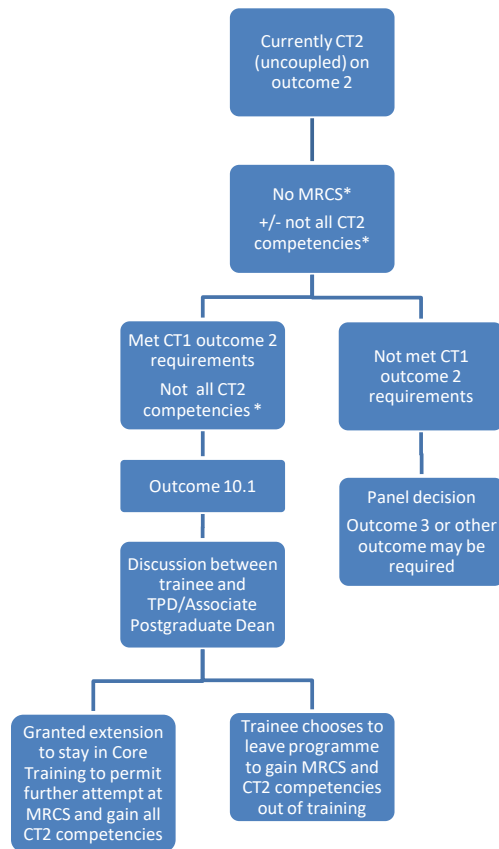
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Flowchart 4 ii (CT2 without MRCS on Outcome 2 for CT1)

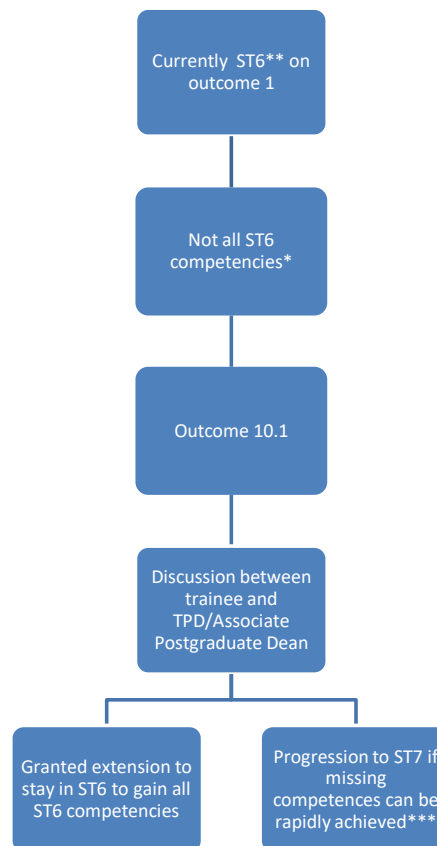
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Flowchart 5 (ST6 on Outcome 1 for ST5)

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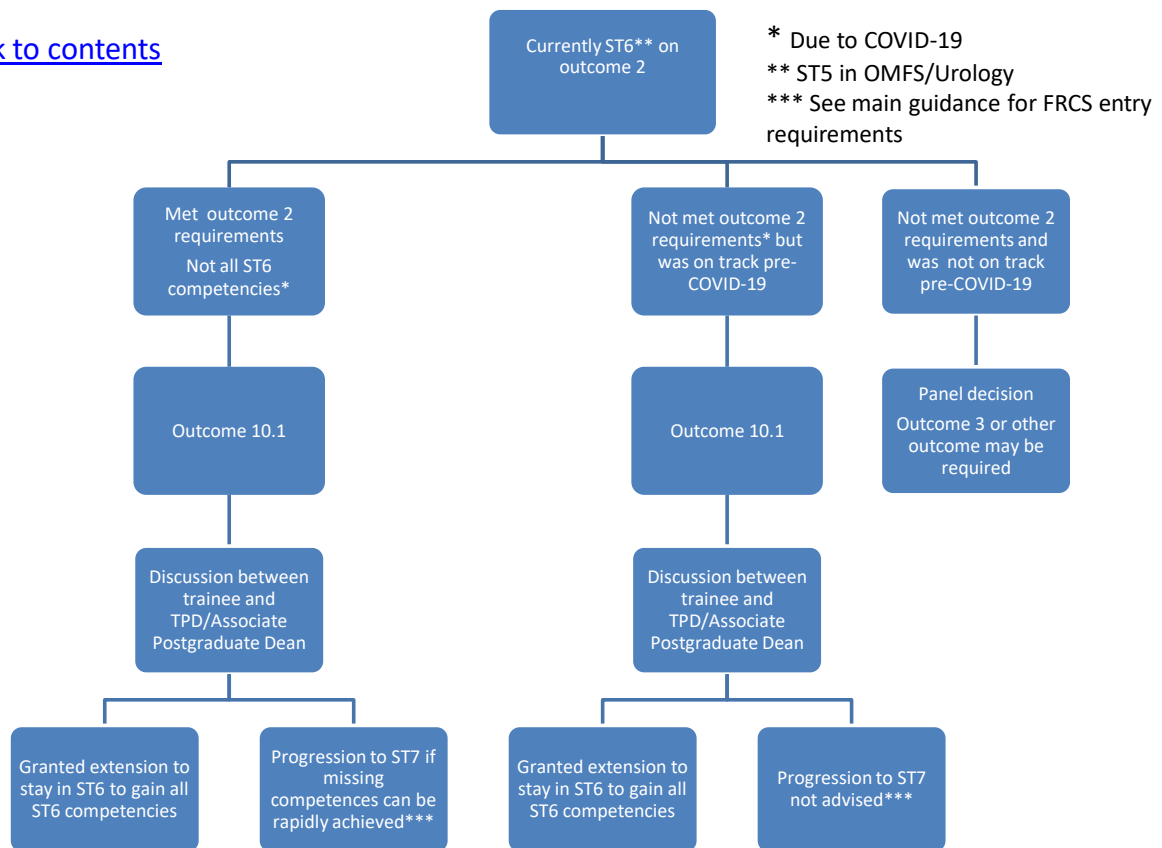
* Due to COVID-19

** ST5 in OMFS/Urology

*** See main guidance for FRCS entry requirements

Flowchart 6 (ST6 on Outcome 2 for ST5)

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Flowchart 7 (ST8 on Outcome 1 for ST7)

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* Due to COVID-19

** ST7 in OMFS/Urology

Flowchart 8 (ST8 on Outcome 2 for ST7)

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