

COVID-19 and Trainee Progression in 2020 (update VI) – 1 October 2020

Please note this is primarily a UK-based document.

You can find all our previous statements [here](#).

The JCST is an advisory body to the four Surgical Royal Colleges of the UK and Ireland. It works closely with the Statutory Education Bodies¹ (SEBs), the General Medical Council (GMC), the Confederation of Postgraduate Schools of Surgery (CoPSS), and Trainee and Specialty Associations. Please visit our website www.jcst.org for further information on the work we do.

Although the impact of the pandemic on training delivery is ongoing, we hope that the situation across the NHS is stabilising to a point where training is happening for the majority of trainees. Thank you for all the work you have put in, for your resilience and ability to adapt to such difficult and unfamiliar circumstances.

Trainees' wellbeing and provision remains our top priority and we will continue to support you and your trainers and do our best to ensure that training is happening and that you are not adversely affected. We hope this update addresses some of the current queries and offers some further support and clarity.

This document includes information on the following:

1. Training in the independent sector
2. FRCS and MRCS examinations – latest updates
3. National Selection 2021
4. Person Specifications 2021
5. ARCPs and curriculum derogations
6. Advice for trainees unable to work for an extended period because of COVID-19
7. Surgical curricula and the ISCP
8. Wellbeing support
9. Useful links and publications

Please note that the advice below could be subject to further reviews and updates.

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

1. Training in the independent sector

You will be aware of the recent agreement between the [Independent Healthcare Providers Network](#) (IHPN), NHSE/I and HEE which sets out a series of high-level principles to ensure trainees do not miss opportunities to train in elective surgery or diagnostic activities while these take place in the independent sector.

A number of principles are described in the joint IHPN, NHSE/I and HEE statement [here](#) and these reflect the good practice already taking place in some independent providers in England. Please note these principles apply to all specialties across England only. You will also find a document describing supervision arrangements, which includes a 'clinical assessment tool', [here](#).

The JCST and the Surgical Royal Colleges welcomed this development and hope that this will give trainees the opportunities they need to fulfil their training requirements. A further statement from the four Surgical Royal Colleges can be found [here](#).

All of the above information is available on the JCST website [here](#).

We are aware that there are still some challenges locally in implementing these arrangements. Trainees and their trainers should take these up with their HEE local office. We in JCST are discussing with HEE how unresolved challenges may be escalated.

2. FRCS and MRCS examinations

The [Joint Committee on Intercollegiate Examinations](#) (JCIE) is responsible for running the FRCS exam and the [Intercollegiate Committee for Basic Surgical Examinations](#) (ICBSE) and individual Colleges are responsible for running the MRCS exam.

FRCS

You will find a number of updates on the JCIE website [here](#). Please refer to these updates for information on current exam arrangements and contact the JCIE offices should you have any further queries relating to these exams.

MRCS

The ICBSE has also published a number of updates on its website [here](#). Please refer to these updates for further information on the MRCS exam.

We are aware that there were some connectivity issues with Part A of MRCS recently. The ICBSE has issued a statement [here](#).

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The Academy of Medical Royal Colleges (AoMRC) has also recently issued a statement regarding attendance at and travel to professional examinations [here](#).

3. National Selection 2021

Medical and Dental Recruitment and Selection (MDRS) works on behalf of the Statutory Education Bodies for all four UK nations (HEE, NES, HEIW, NIMDTA) to deliver national selection in all medical and dental specialties. MDRS has commissioned a full independent report into the outcome of the selection process that took place under COVID-19 restrictions this year. We await publication of the full report but initial reports indicate that no systematic biases were identified in a pan-specialty

analysis. We are aware that there are specialty specific areas to look into more closely and we plan to explore this after publication of the full report.

Oral and maxillofacial surgery ran their autumn recruitment round recently using validated self assessment of portfolios and a single online 30 minute interview with six interviewers asking structured questions and scoring over a series of domains. The process ran well with no major complications. A number of learning points were identified and these have been shared with the other SACs.

The process for Core and Specialty selection for 2021 entry will be similar to this and will follow a series of general principles described by MDRS:

- Selection plans that are approved and publicised must be deliverable whatever the COVID-19 lockdown is or becomes.
- Specialties will have a “Plan A” as their preferred method of delivery, but within and part of that will be their “Plan B” which would be called into use should there be a stringent lockdown or if clinical conditions prevent Plan A from being delivered. The move from Plan A to Plan B will be determined specialty by specialty in order to take account of differential clinician workload and will require four nation approval to take place. If Plan B is implemented then trainees will not be required to submit any extra or different evidence compared to what is needed for Plan A.
- Shortlisting will be required where application numbers exceed interview capacity, so that interview numbers can be managed.
- Any use of portfolio self assessment will require validation of primary uploaded evidence by an assessor. The only exception to this will be in those specialties which have been using self assessment alone (without validation) for shortlisting for some time and where the specialty has established confidence in this approach. Verification of self assessment may take place at the shortlisting stage or during the interview.
- The Multi Specialty Recruitment Assessment (MSRA) may continue to be used by those specialties which already use it (Neurosurgery is the only surgical specialty which does so currently) and it may be introduced if specialties feel it would be useful. The MSRA comprises two tests; clinical problem solving and professional dilemmas. It was designed, and is most valuable, for CT1/ST1 entry.
- There will be no face to face interviews throughout the 2021 process.
- Interviews will take place on line using Microsoft Teams. There will be a single interview of up to 30 minutes, although several interviewers may ask questions during that time. There will be no multiple mini-interviews.
- Lay representatives will contribute to the quality assurance process as in previous years.

All the SACs have been asked to put forward their interview plans adhering to these principles. We hope to finalise these with MDRS during October and we will keep you updated.

4. Person Specifications 2021

We have aimed to minimise any adverse impact from the pandemic and have consulted with our stakeholders in re-drafting some sections for 2021. We have obtained approval from the MDRS Programme Board for our proposals and these will be formally published as soon as possible. In the meantime we can say that:

- The date by which MRCS (or DOHNS for Otolaryngology) must be passed will be changed from the date of application or interview to the day after the release of results for the May exam diet. This will give Core trainees applying for ST3 equity with run through trainees by permitting access to all three diets of the MRCS Part B (or DOHNS Part 2 for Otolaryngology).
- Desirable minimum durations of time in a specialty can include a COVID-19 related re-deployment (so as not to disadvantage trainees who had no other opportunity to experience the specialty during their rotations).
- Maximum durations of time have been increased to recognise the impact of the pandemic and the subsequent reduction in skill acquisition.
- Attendance at virtual specialty meetings will be equivalent to attendance at face to face meetings
- Courses are being moved to a desirable aspect of commitment to specialty. Course names will no longer be used; teaching in learning outcomes will now be the criterion in order to broaden the acceptable modes of delivery.

5. ARCPs and curriculum derogations²

In April the four UK Statutory Education Bodies (SEBs) announced changes to enable progression at ARCP. This was initially until the end of August. The SEBs have now revised the guidance and propose to extend the arrangements for ARCPs, use of the COVID Outcomes 10.1 and 10.2 and ARCP appeals in a similar way. These derogations will now apply to ARCPs scheduled up to and including March 2021. There will be a further review of the situation in March 2021. You can find the letter from the SEBs confirming these arrangements [here](#). Previous SEB guidance on Outcome 10 is available [here](#).

As you will be aware the JCST also published additional guidance on how Outcome 10 should be applied in surgery – you can find it [here](#).

In line with the introduction of the new Outcome 10 we also published [curriculum derogations](#) – these derogations are still applicable but work is ongoing with the GMC to review derogations that might be required for curricula and ARCP decision aids going forward, especially for those specialties most impacted by difficulties in obtaining all the relevant competencies and to link into the Person Specification changes described above. We will keep you updated.

Both trainees and trainers are encouraged to refer to the JCST's [Guidance on voluntary recording of COVID-19 experience in the ISCP](#).

6. Advice for trainees unable to work for an extended period because of COVID-19

The Statutory Education Bodies issued guidance for trainees who were required to shield (see published guidance from HEE [here](#)). Trainees who are still unable to work for extended periods because of COVID-19 should engage with their Assigned Educational Supervisor (AES), Training Programme Director (TPD), Head of School (HoS), and Postgraduate Dean and make the most of all the support that can be offered.

We recognise that this situation is difficult and worrying, but much can be done, for example:

² A derogation is a relaxation of a rule, in this case allowing relaxations of some aspects of the curriculum to allow for the impact of COVID-19

- It may be possible to take part in virtual clinics and MDMs, after which Case Based Discussions (CBDs) and more general discussions can be undertaken with Clinical Supervisors (CSs).
- Consider trying the pilot Multiple Consultant Report (MCR) on the ISCP – both the self assessment and asking your Clinical Supervisors to complete one (you can find additional information about the MCR [here](#)). This can give valuable feedback and help plan for the return to training (Please Note: the MCR cannot yet be used by the ARCP panel in determining an outcome as the new curriculum is not yet active).
- Engage with all the training that can be accessed. In addition to discussions with your CS, regular discussions with your AES would be valuable. Attend all online training events that you can, or view recordings of them. These are arranged by Local Offices/Deaneries, Schools of Surgery, Training Programmes, Specialty Associations and Royal Colleges amongst others.
- Undertake any research / audits / Quality Improvement projects that you are able to remotely and complete any outstanding work.
- General reading will also help you prepare for exams, even if they are still a little way off.
- Write reflections in your ISCP portfolio on all of these activities.
- Refer to our [Guidance on voluntary recording of COVID-19 experience in the ISCP](#).

7. Surgical curricula and the ISCP

Surgical Curricula

The new curriculum, including the certification requirements, will, from August 2021, place greater emphasis on the achievement of broad outcomes rather than granular competencies with more standardisation across specialties. The outcomes describe the level of performance or behaviour expected of a day-one consultant and the certification requirements encapsulate the knowledge and skills trainees will need by certification.

The certification requirements fall into two categories; generic and specialty-specific. Specialty-specific certification requirements set out the clinical and operative experience and cover index procedures and critical conditions pertinent to each specialty.

Generic certification requirements help to ensure that surgeons can enrich the context of their routine work by going beyond the boundaries of their specialty. As required by the GMC, they are now very broad as well as generic. They encompass the ability to deliver meaningful research, quality improvement, medical education and training and management and leadership vital to improving health outcomes, promoting innovation in healthcare and supporting patients with informed decision-making. These have been standardised across all the specialties and are shown below. The full curricula for August 2021 will be published soon.

Research - Trainees must provide evidence of having met the relevant requirements for research and scholarship. For UK trainees, this can be found in the GMC's GPC framework. Broadly, this includes capabilities in 4 areas:

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 as defined in the curriculum	Trainees must complete or supervise an indicative number of three audit or quality improvement projects during specialty training. In one or more of these, the cycle should be completed.
Medical education and training - evidence of an understanding of, and participation in, medical education and training as defined in the curriculum	Trainees must provide evidence of being trained in the training of others and present written structured feedback on their teaching uploaded to the ISCP portfolio.
Management and leadership - evidence of an understanding of management structures and challenges of the health service in the training jurisdiction	Trainees must provide evidence of training in health service management and leadership and having taken part in a management related activity e.g. rota administration, trainee representative, membership of working party etc. or of having shadowed a management role within the hospital.

ISCP new look and features

In August we completed and released ISCP's new, more user-focused look public pages including Home, FAQs, news and updates and Curricula 2021.

We also released changes to the way that Workplace-Based Assessments (WBAs) are linked to the syllabus in readiness for the new outcomes-based curricula from August 2021. This included the removal of topic picking and the addition of new features allowing WBAs to be linked to critical conditions and index procedures that represent the scope of practice necessary for certification. A summary of both critical conditions and index procedures now displays on the portfolio summary and in more detail on the new 'WBAs required for certification' portfolio report.

Following the August release, the ISCP Helpdesk team have been providing support to users with queries about transitioning to and using the new features. A few minor bugs that were brought to their attention were subsequently resolved by our (small) development team who promptly implemented fixes. There is one significant bug which continues to affect some users attempting to view the ISCP site on some browsers on some mobile devices which our developers are busy working on and a fix will be released ASAP.

We are delighted to have received very positive feedback from trainers and trainees alike about the new look and features.

You can find out more via the News and Updates section of ISCP [here](#) and specific news articles as follows:

- The new more user-focused look [here](#)
- Topic picking removed [here](#)
- New critical conditions and index procedures features [here](#)
- New PBAs available on ISCP [here](#)

8. Wellbeing support

As mentioned in previous updates, support can be accessed through Trust's or Health Board's Director or Associate Director of Medical Education, or through the Educational Supervisor (ES), Training Programme Director (TPD), Associate Postgraduate Dean or Programme Support Unit.

A number of additional resources are also available at:

- NHS England/Improvement – includes a package of [wellbeing support](#), designed to help all NHS staff take steps to maintain their physical and mental health, and overall wellbeing. It includes:
 - a free wellbeing support helpline, providing confidential listening from trained professionals and specialist advice, including coaching, bereavement care, mental health and financial help on **0300 131 7000**, available from 7.00 am – 11.00 pm seven days a week
 - a 24/7 text alternative to the above helpline - simply text **FRONTLINE** to 85258
 - [online](#) peer to peer, team and personal resilience support, including through [Silver Cloud](#), and free mindfulness apps including [Unmind](#), [Headspace](#), [Sleepio](#) and [Daylight](#).
- NHS Scotland – NHS Inform website [here](#)
 - Further resources also available on the Scotland Deanery website [here](#)
- NHS Wales – [Staff Wellbeing COVID-19 Portal](#)
- NHS Northern Ireland – NIDirect website [here](#)
- The Intensive Care Society's website [here](#)
- The [Academy of Medical Royal Colleges](#)' (AoMRC) website – includes a number of resources and advice.
- The Royal College of Surgeons of England – [Confidential Support and Advice Service – Helpline](#)

9. Useful links and publications/guidance

- 1) [Gold Guide](#) (8th edition) released on 31 March 2020
 - includes derogation to GG8: 4.91 in response to COVID pandemic and impact on trainee progression assessments (ARCP) [here](#)
- 2) [Association of Surgeons in Training \(ASiT\)](#)
- 3) [British Orthopaedic Trainees' Association \(BOTA\)](#)
- 4) [GMC advice for Doctors](#) and trainees [ADD HYPERLINK]
- 5) [Health Education England \(HEE\)](#)
 - [Trainee Webinar on working in the private sector, shielding and BAME issues](#)
 - [Guidance on shielding](#)
- 6) [NHS Education for Scotland \(NES\)](#) and [Scotland Deanery](#)
 - includes guidance for Educational Supervisors (ES) in preparing for ESs reports for ARCPs in 2020 [here](#)
- 7) [Health Education and Improvement Wales \(HEIW\)](#)
- 8) [Northern Ireland Medical and Dental Training Agency \(NIMDTA\)](#)
- 9) [NHS England and NHS Improvement](#)
 - next [phase of the NHS response to COVID-19](#) (published 31 July)
- 10) [NHS Employers – Guidance on how to manage untaken annual leave due to COVID-19 for junior doctors](#)

11) [Academy of Medical Royal Colleges \(AoMRC\)](#)

12) Additional guidance and advice on COVID-19 is also available at:

- [Royal College of Surgeons of Edinburgh](#)
- [Royal College of Surgeons of England](#)
 - [resources on the recovery of surgical services during and after COVID-19](#)
 - [Surgical Prioritisation Guidance](#)
- [Royal College of Physicians and Surgeons of Glasgow](#)
- [Royal College of Surgeons in Ireland](#)

13) Additional guidance and advice on COVID-19 is also available at:

- [Society of Cardiothoracic Surgery \(SCTS\)](#)
- [Association of Surgeons of Great Britain and Ireland \(ASGBI\)](#)
- [Society of British Neurological Surgeons \(SBNS\)](#)
- [British Association of Oral and Maxillofacial Surgeons \(BAOMS\)](#)
- [British Association of Ear, Nose and Throat Surgeons \(ENT UK\)](#)
- [British Association of Paediatric Surgeons \(BAPS\)](#)
- [British Association of Plastic, Reconstructive and Aesthetic Surgeons \(BAPRAS\)](#)
- [British Orthopaedic Association \(BOA\)](#)
- [British Association of Urological Surgeons \(BAUS\)](#)
- [Vascular Society](#)

Please refer to JCST's previous statements [here](#) for additional links.

The following topics were addressed in previous JCST's statements released on:

➤ [7 August 2020](#)

- Resuming surgical training
- Training in the independent sector
- ARCP management and Outcome 10
- FRCS and MRCS examinations
- New surgical curricula – August 2021 implementation, transition arrangements and the MCR
- National Selection and Person Specifications for 2021
- GMC's National Training Survey
- Wellbeing support

➤ [1 June 2020](#)

- ARCP management and outcome 10 (includes link to guidance on the management of ARCPs for LATs)
- FRCS and MRCS examinations
- Training in the COVID-19 recovery phase
- National Selection
- Wellbeing support
- Working during pregnancy
- Out of Programme (OOP)
- Clinical academic training

➤ [27 April 2020](#)

- Wellbeing support
- ARCP management and outcome 10
- Training Interface Group (TIG) Fellowships
- Out of Programme (OOP)
- Useful links

➤ [17 April 2020:](#)

- Wellbeing support
- National Selection
- [Guidance for recording COVID-19 experience in ISCP](#)
- ARCPs management
- Out of Programme (OOP)
- Acting Up as a Consultant (AUC)

➤ [1 April 2020:](#)

- National Selection
- Training Interface Group (TIG) Fellowships
- FRCS examination
- Acting Up as a Consultant (AUC)

➤ [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, AEs and CSs) should continue to communicate regularly to enable trainees' concerns to be discussed openly and ways forward to be found.

The JCST will continue to endeavour to support trainees and trainers during this time, and will update those involved in training on a regular basis as we continue to 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](#).

For ongoing updates on surgical training in the UK and Ireland, please follow us on Twitter [@JCST_Surgery](#).