Guidance and Principles for managing extensions to training during COVID-19

1. Introduction and background

1.1 The four UK Statutory Education Bodies (SEBs) have agreed a process for ARCPs during the COVID-19 Pandemic which is set out in the ARCP Decision Aid – Supporting the COVID-19 Response: Enabling Progression at ARCP. This includes the derogation to GG8:4.91 with the addition of ARCP Outcome 10.

1.2 Outcome 10 is a “no fault outcome” which recognises that a trainee has been achieving progress and the development of competences/capabilities at the expected rate but acknowledges that the acquisition of some capabilities has been delayed by the impact of COVID-19. The trainee should be awarded either an Outcome 10.1 or Outcome 10.2 depending on whether they are at a critical progression point in their programme.

1.3 Outcome 10.1 should be used when a trainee is not at a critical progression point in their programme and facilitates a trainee to progress to the next stage of their training.

1.4 Outcome 10.1 is also appropriate when a trainee is at a critical progression point in their programme where the relevant Medical Royal College or Faculty has amended the curriculum and mandated that the missing competences/capabilities can be acquired at the next stage of training.

1.5 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.

1.6 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.

1.7 Trainees whose most recent ARCP outcome was Outcome 3, but who were making progress in addressing concerns about their training prior to the disruption caused by COVID-19, but thought to still need an extension could be awarded an Outcome 10.2.

1.8 The Gold Guide (GG8: 4.105) sets out the duration for extensions to training. 4.105 The length of time that training can be extended depends on the type of programme the trainee is following (e.g. foundation, core or run-through training). Trainees may be offered extensions to training up to the maximum limits detailed below. However, trainees should not

1. Documents can be accessed on the COPMeD website https://www.copmed.org.uk/publications/covid-20
2. The cutoff date for training affected by COVID-19 is from 17 March 2020, as defined in Simon Stevens’ letter confirming repurposing of the NHS (In England) as a response to the COVID-19 Pandemic
anticipate that they will be offered the exceptional additional training time as it is dependent on the approval of the Postgraduate Dean and such approval will only be granted in exceptional circumstances.

**Duration of extension to training**

<table>
<thead>
<tr>
<th>Programme</th>
<th>Extension to training time</th>
<th>Exceptional additional training time</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foundation training</td>
<td>As in paragraph 4.104, normally limited to 1 year</td>
<td>Not normally extended due to short duration of programme</td>
<td>1 year</td>
</tr>
<tr>
<td>Core training</td>
<td>6 months</td>
<td>6 months</td>
<td>12 months</td>
</tr>
<tr>
<td>Higher training</td>
<td>1 year</td>
<td>1 year</td>
<td>2 years</td>
</tr>
<tr>
<td>Run-through training</td>
<td>1 year</td>
<td>1 year</td>
<td>2 years</td>
</tr>
<tr>
<td>General practice training</td>
<td>1 year</td>
<td>6 months</td>
<td>18 months</td>
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</tbody>
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1.9 Normally, when an ARCP panel determines that an Outcome 3 is appropriate and that additional training will be required, the panel set out the objectives and requirements with a recommendation for the duration of the additional training period/extension to training in accordance with GG8:4.105. Exceptional additional training time (column 3) requires exceptional approval from the Postgraduate Dean up to the maximum permitted periods (column 4).

**2. Determining the additional training time for ARCP Outcome 10.2**

2.1 In awarding an Outcome 10.2, ARCP Panels and Postgraduate Deans should recommend the provision of the minimum additional training time that is necessary to meet the required capabilities (e.g. to the next available sitting of a cancelled examination).

2.2 It is anticipated that for most trainees receiving an Outcome 10.2 at ARCP, as a consequence of disruption to training due to COVID-19, this will be the first time in their training programme that additional training has been required. Therefore, the duration of the additional training should be within the usual time limits set out in GG8:4.105.

2.3 However, some trainees eligible for an Outcome 10.2 at this time may have previously used all the usual additional training time (column 2 in table above) for their training programme. In these circumstances, their situation should be discussed with the Postgraduate Dean who has discretion to approve additional training time (column 3 in table above) up to the permitted maximum for their programme (column 4 in table above) recognising the highly exceptional circumstances of COVID-19.

2.4 If a trainee has already been granted the maximum training extension that is possible for their programme (column 4 in table above), their situation should be discussed with the
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Postgraduate Dean. The Postgraduate Dean might consider discretion under GG8:1.12 to allow extensions beyond the normal time limits as defined in GG8:4.105. In this situation, additional training in excess of the limit defined in GG8: 4.105 should only be considered if there is evidence of improvement and a realistic prospect that the progression trajectory will reach the required level in the additional time allocated. This information MUST be available to the Postgraduate Dean when making the request for exceptional extensions to training; otherwise an Outcome 4 should be considered.

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