

# Joint statement on temporary derogations in medical education and training

*Updated September 2021*

## Temporary derogations in medical education and training

Throughout the pandemic, the General Medical Council (GMC), Statutory Education Bodies (SEB), Academy of Medical Royal Colleges (AoMRC) and trainee representatives have worked collaboratively to consider if and when derogations were required to postgraduate education and training.

Given that medical education and training continues to be disrupted by the COVID-19 pandemic, there is consensus that the temporary derogations will need to continue, relating to:

- Postgraduate curricula and assessment
- The Annual Review of Competency Progression (ARCP)
- Adapted ARCP panels and outcomes
- Progression without exams
- Progression without having gained expected capabilities/competences or without sufficient evidence
- Progression with alternative evidence of capability

The standards and expectations for achieving the CCT remain in place.

## Postgraduate curricula and assessment

GMC-approved methods of online training and assessments have been introduced in response to the disruption caused by the pandemic. We encourage the continuation of these as far as possible, while we explore the impact of the changes. Colleges and Faculties that want to return to GMC-approved face to face clinical assessments should consider the following:

- Equality, diversity and inclusion (ED&I) impacts
- Impact on trainees and trainers
- Changed profile of patients
- Impact on service delivery
- Efficiency and effectiveness of processes

### **Annual Review of Competency Progression (ARCP)**

Outcomes described in [Gold Guide 8](#) should be used where possible. If trainees meet the GMC-approved amended decision aid requirements, then they should get an Outcome 1 or 6. If they do not meet GMC-approved amended decision aid requirements and:

- a) Can progress – they should get an Outcome 2 or an Outcome 10.1 (if COVID-related)
- b) Can't progress (due to being at a critical progression point or due to patient safety issues) – they should get an Outcome 3 or Outcome 10.2 (if COVID-related).

### **Assurances for trainees**

Trainees who have progressed during this period, where derogations have been in place, **will not** be asked to retrospectively complete elements of training, where the derogations had stated they were not needed at the time. Where trainees have progressed with outcome 10.1 they will only be required to complete the curricula requirements identified as part of their progression.

### **Period of approval**

This policy and the temporary derogations will remain in place during the period of major disruption to training caused by the pandemic. We will continue to monitor and review the need for the derogations and the GMC will only remove derogations after this has been fully discussed by ourselves and the wider system including individual Medical Royal Colleges and Faculties.

### **Previous Statements**

In March 2020, the AoMRC, four SEBs and the GMC published a [joint statement](#), stating that we would permit derogations, to enable progression for doctors in training during the period of disruption caused by the pandemic.

In the [April 2021 update](#), the GMC considered additional requests for temporary derogations to curriculum requirements that would maintain standards and ensure patient safety to enable doctors' continued progression in line with the principles outlined below.

Full details on derogations in the previous statements are provided in the links above and key points are detailed below.

## **Principles for approving temporary derogations to curricula and assessments**

The following '*Excellence by design*' principles will continue to be used when considering derogations to curricula and assessments to support ARCP decisions during this period:

- Patient safety is paramount. It sits at the core of education standards and trainees must not work beyond their competence
- Maintaining standards. The standard for entry to the specialist and GP register remains consistent. Trainees must meet all learning outcomes at the level of performance required for entry to the specialist and GP registers.
- We are looking to holistically assess a doctor's competency not quantity of assessments or clinical activity completed.
- We are looking to assess whether outcomes are achieved not the time spent working in a particular area.
- We need to maintain proportionality and support diversity.

It is expected that there should be flexibility in how achievement of the curricula learning outcomes can be evidenced. The GMC [Excellence by design](#) (EBD) standards enable us to use discretion in accepting a range of evidence and supporting information to show competency progression. This might include but is not limited to courses, techniques and approaches that best meet local arrangements and resources.

Where serious patient safety concerns may exist, explicit proportional mandatory minimum curricula requirements should be specified. These generally occur at critical progression points and rationale, with clarity that there is no other alternative evidence, and the requirements should be explicit in the derogation. The expectation is that this would not apply at the point when a Certificate of Completion of Training (CCT) would be awarded.

## **Looking Forward**

Changes made to medical education and training in response to the pandemic, present an opportunity to consider whether any of these changes have improved the

education and training experience of training programmes and so should be embedded in the longer term. In particular, we are seeking to understand if any of these changes may help engender a:

- More equitable training process
- More streamlined and flexible progression process
- More resilient and adaptable curricula
- More progressive evaluation with a reduced assessment burden

We are undertaking this work collaboratively with other stakeholders.

The GMC, SEBs and AoMRC are mindful of the significant pressures on the health services across the UK. It is therefore important that we all, with others in the NHS, continue to strive to ensure training and progression can continue, minimising the negative impact on trainees, and maintaining patient safety standards.

**Signed by:**

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