

Management of ARCP Outcomes for Locum Appointments for Training (LATs) during COVID-19

As described in the document [Enabling Progression at ARCP](#), it is recognised that there may be challenges for trainees and trainers in preparing and providing evidence for ARCPs as well as for the Statutory Education Bodies (SEBs) in delivering ARCPs during the present COVID-19 pandemic.

These difficulties arise as a result of cancellation of rotations to planned placements as well as the reduced clinical experience and training available during placements due to cancellation of routine clinical activities, redeployment of trainees to different clinical duties and absence from work due to self-isolation and illness. It is also recognised that due to pressures of clinical work and redeployment, recognised trainers may not be able to complete assessments, write detailed reports and contribute to ARCP panels. In addition, SEBs will not be able to receive the same level of engagement for ARCP from educational programme leaders and education management staff due to redeployment, self-isolation and illness.

For Locum Appointment for Trainees (LATs), the usual outcomes from ARCP are described in the [Gold Guide \(8th Edition\) GG8: 4.91](#). During 2020 the usual **ARCP outcomes for LATs should still be used**.

ARCP panels are being asked to make a holistic judgement on the progress of trainees based on a review of the evidence provided by trainees and Educational Supervisors against the minimum curriculum requirement, agreed compensatory evidence and the GG8-compliant decision aid developed, in response to COVID-19, by the respective Medical Royal College or Faculty for that specialty and year of training.

However, it is recognised that for some LATs, acquisition of competences/ capabilities may have been delayed due to COVID-19. In the circumstances where an Outcome 7.2 or 7.3 is being awarded as a result of delayed acquisition of competences/capabilities due to COVID-19, one or more of the supplementary C codes listed in Table 1 should also be used¹. The supplementary C code will document the explanation for how COVID-19 has impacted on the acquisition of competences. **The combination of an Outcome 7.2 or Outcome 7.3 with a C code is considered to be a no-fault outcome**. For reporting purposes, the GMC will report these combinations as outcome '7C' in the progression reports. For example, if the return to the GMC includes a 7.2 and C3 we will report that outcome as '7C'. For these reporting purposes, '7C' is defined as a "no-fault unsatisfactory LAT outcome that have been affected by COVID-19."

Where it has not been possible to hold an ARCP, an 'N13 Other reason (please specify)' code (Table 2), specifying the reason as being due to COVID-19 should be recorded.

¹ https://www.copmed.org.uk/images/docs/Coding_for_ARCPs/Coding_for_ARCPs.pdf

Table 1 C codes

Applicable outcome	Supplementary code – select ALL that apply	Label – to be used in system dropdown menus	Description
7.2 or 7.3	C3	Redeployment could not acquire required experience	Trainee could not acquire appropriate curriculum-related experience due to service changes/pressures from COVID-19. E.g. Trainee transferred to work in General (internal) Medicine or similar redeployment.
7.2 or 7.3	C4	Prolonged self-isolation needed during COVID-19	Trainee could not acquire appropriate curriculum-related experience during COVID-19 disruption due to need for prolonged self-isolation based on national guidance.
7.2 or 7.3	C6	Incomplete evidence due to COVID-19	Due to COVID-19 disruption, incomplete information has been supplied and/or is available to the ARCP panel – e.g. trainee unable to obtain supervisor reports
7.2 or 7.3	C12	Other issue related to COVID-19 (please describe)	To capture any COVID-19 issue not covered by codes C3, C4 or C6

Table 2 N code

N code	Label	Description
N13	Other with reason given as “COVID-19”	It was not possible to convene any meeting that could be considered an ARCP panel. <i>Supporting the COVID-19 Response: Enabling Progression at ARCP</i> has a minimum requirement of two panel members.