

## ARCP During COVID-19: Trainee Frequently Asked Questions

Please click on the linked questions below to jump to answers to your frequently asked questions. This is a live document and will be regularly updated as further developments and new queries arise.

### Outcome 10

[Q1: Why are you using Outcome 10, and not just normal outcomes plus N13 \(no ARCP due to COVID\)?](#)

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[Q16: If trainees are unable to CCT or progress as expected, given the effect on National Training Numbers \(NTNs\), could this result in job offers being withdrawn or in fewer NTNs next year?](#)

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[Q18: I am at a critical progression point and have met all the criteria for progression prior to COVID-19. However, I have not practiced in my specialty for some time, do not feel safe or confident progressing to the next stage and my mental wellbeing has been affected. Why can I not have the choice of extending my training?](#)

[Q19: Trainees already offered posts in different regions following transition point recruitment will find it extremely difficult to do so in the current context. Will there be the opportunity for trainees to defer commencement of their new post so that they are not forced to move under these circumstances?](#)

## **Out of Programme**

Q20: What will happen to those who are dependent on Outcome 1 for OOP/sub-specialty training?

Q21: I am a trainee who was on OOP / parental leave and returned to clinical practice earlier than planned to support the COVID-19 response. What outcome can I expect to get?

Q22: I am a trainee who was on OOP / parental leave and returned to clinical practice earlier than planned to support the COVID-19 response. How can I return to my OOP / parental leave to complete my original entitlement?

Q23: Will time back from OOP restart the training clock?

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Q25: How will panels determine whether a trainee receives an unsatisfactory outcome?

Q26: Could trainees who aren't at a critical progression point or due to CCT receive N13 outcomes, thus forgoing the need to pursue the Educational Supervisor's Report (ESR) etc.?

Q27: Some medical Royal Colleges have taken the decision to delay the implementation of newly approved postgraduate curricula. Could new curricula be used to develop ARCP 2020 decision grids, without the new curricula being launched?

Q28: What training and information will panel members who are coming out of retirement or are not usually involved in ARCPs receive?

Q29: The Educational Supervisor's Report (ESR) has been identified as a key document in the minimum evidence requirement for assessment. However, with increased service pressures and redeployment in response to COVID-19, trainees may experience challenges with securing this evidence. What will be the consequence if an ESR is not present?

Q30: Is there a way of requiring educational supervisors to complete the ESR?

Q31: If an educational supervisor is unable to complete the ESR, would satisfactory Clinical Supervisor forms suffice?

Q32: Can Educational Supervisor's Reports be backdated, if not performed on scheduled time?

Q33: If an ARCP panel has conducted an interim review, can this be used in replacement of the end of year educational supervisor report to inform ARCP?

Q34: Will there be consistency between regions? How will this be guaranteed or quality assured?

Q35: Will local offices be able to conduct ARCPs scheduled in May during COVID-19?

Q36: How are the four UK Statutory Education Bodies and the GMC addressing the risk that trainees will progress with an Outcome 10, despite being unprepared for progression?

Q37: Trainees follow a competency, not time-based, curriculum. Will it be clear to ARCP panels in 2020 and in future years that most trainees will gain the required competencies while working during COVID-19, meaning that a training extension will not be necessary?

Q38: How will retired ARCP panellists be recruited and trained prior to commencement? What will be the selection criteria?

## **2021 ARCPs**

Q39: Can HEE provide reassurance that retention of trainees for a longer training period will not negatively impact on recruitment quotas?

Q40: As the ongoing impact of COVID-19 on the workforce is likely to continue for an extended period, how is HEE planning to staff enhanced ARCPs in 2021?

Q41: The 2020 ARCP process is not perceived to be well designed to identify trainees in difficulty. How will this be addressed going forward?

Q42: How does HEE propose to support trainees with an Outcome 10 to achieve outstanding capabilities, given the likely competition with trainees in the following year group for educational opportunities?

Q43: When does HEE expect Penultimate Year Assessments to be reinstated?

Q44: Given that Training Programme Directors (TPDs) are taking less of an active role in ARCPs in 2020, is HEE allowing trusts to buy their TPD time back? This would achieve savings for HEE in 2020, that could be reinvested in 2021, when we expect to require more TPD time than normal to support the ARCP process.

## **Disagreement with outcome**

Q45: Can I disagree with my ARCP outcome while the COVID-19 contingencies / derogation is in place?

Q46: What if a trainee or their trainer disagrees with an ARCP Outcome 10?

Q47: How will the four educational bodies tackle the anticipated stigma associated with an Outcome 10?

Q48: Can the educational bodies guarantee that an Outcome 10 will not disadvantage trainees at any future ARCP?

Q49: Can corroborative evidence from previous ARCPs be used to support an Outcome 1 if a trainee disagrees with aspects of the Educational Supervisor's report? Will this be part of the pragmatic, flexible approach recommended by the four statutory bodies

## **Specific groups**

Q50: How will you be assessing people who have time out due to shielding? Will they be assessed pro-rata, or will they be assessed the same as their peers?

Q51: What checks have been put in place to ensure the 2020 ARCP process doesn't disproportionately negatively affect one group or another either from adverse outcomes or missed opportunities to catch those in difficulties.

Q52: Certain assessments have previously required consultant sign-off, where this is not possible could this be relaxed to allow trainees to pragmatically take advantage of the supervision and training that they are able to obtain?

## **FAQ Responses**

**Q1: Why are you using Outcome 10, and not normal outcomes plus N13 (no ARCP due to COVID)?**

**Q2: Why are you using Outcome 10, and not just outcome 1 with clarifying points?**

**Q26: Could trainees who are not at a critical progression point or approaching CCT receive N13 outcomes, thus forgoing the need to secure the Educational Supervisor's Report (ESR) etc.?**

**Q47: How will the four educational bodies tackle the anticipated stigma associated with an Outcome 10?**

To date, if a trainee is unable to provide the required evidence for ARCP, it is likely that an adverse outcome (e.g. 2 or 3) would have to be issued.

The Statutory Education Bodies of the 4 UK nations have agreed that the COVID-19 pandemic has created an exceptional set of circumstances for trainees, trainers and training, such that it would be inappropriate to effectively penalise a trainee with an adverse ARCP outcome where training difficulties have arisen through COVID-19 related issues.

Outcome 10 has therefore been introduced with the aim of recognising that progress is satisfactory overall, but that some competences normally required for progression have not been acquired due to COVID-19. This is a “no fault” outcome, as a derogation to Gold Guide 8 (GG8) recognising the exceptional circumstances presented by the emergence of a novel coronavirus.

By indicating that the competencies normally required for progression have not been evidenced due to COVID-19, this will allow trainees and educational supervisors to put a suitable plan in place for achieving outstanding capabilities for the next scheduled ARCP.

The introduction of this “no fault” outcome is intended to remove any stigma associated with being unable to acquire / demonstrate all of the required capabilities due to COVID-19.

**Q3: Will Outcome 10 work with all portfolios? If it doesn't, what will you do?**

We cannot guarantee that all specialty portfolios will be able to record an Outcome 10. The Medical Royal Colleges are currently exploring options for capturing COVID-19 ARCP outcomes appropriately.

**Q4: When will outcome 10s next be reviewed?**

Where a trainee receives an Outcome 10, this will be reviewed at the next scheduled review, which for most would be the end of the 2020/21 training cycle. However, trainees who are at a critical progression point, especially trainees approaching CCT, the ARCP panel should define the period when the next review of the trainee will be undertaken.

**Q5: The introduction of Outcome 10 could be perceived as indicating that most trainees will progress, with a review taking place in Spring / Summer 2021, and training assessed then. Why are ARCPs continuing to take place during COVID-19?**

**Q13: Why aren't ARCP being rationalised to trainees who were due to CCT prior to ARCP 2021?**

During the COVID-19 period, ARCPs are being prioritised to avoid delays to progression assessments and decisions (ARCPs) for trainees at clinical progression points – including those due for their Certificate of Completion of Training (CCT).

Routine ARCPs for non-critical progression posts will be progressed if feasible, but some may be delayed or held later in the year than normally scheduled.

#### **Q6: Will Outcome 10 be limited to ARCP 2020 and not be a long term Outcome?**

This is correct. The ARCP Outcome 10 has been agreed as an exceptional derogation to GG8 by the four Statutory Education Bodies (SEBs), recognising the impact that COVID-19 has had on training. This is reflected in the published amendment to GG8: 4.19 regarding progression as a specialty trainee or foundation doctor in recognition of the exceptional circumstances relating to COVID-19.

While Outcome 10 will not be used long term, this Outcome will continue to be available as long as COVID-19 impacts training.

#### **Q7: If we are to use Outcome 10, can this be rationalised without all the different options?**

#### **Q8: What are the subdomains of Outcome 10 and could these be scaled down and simplified?**

As outlined in the [decision aid](#) published by the UK Statutory Education Bodies, an ARCP Outcome 10 is a “no fault” outcome, with two options:

10.1 indicates that a trainee has not been able to evidence all of their curriculum requirements due to COVID-19, and that they are able to progress to the next stage of training, and evidence these outstanding competencies at their next ARCP

10.2 indicates that a trainee has not been able to evidence all their curriculum requirements due to COVID-19, and that they are not able to progress to the next stage of training until these competencies have been evidenced.

As there are a range of potential circumstances leading to these two outcomes, “[C Codes](#)” have also been created to provide a narrative explanation of the reasons for disruption and reinforce the “no fault” nature of ARCP outcome 10.

The C Codes are not subdomains of the Outcomes, but rather a narrative explanation of the circumstances leading to an Outcome 10.1 or 10.2.

#### **Q9: How will Outcome 10 affect recruitment to certain specialties / subspecialties and approval of out-of-programme (OOP) experience applications, which have previously required an ARCP Outcome 1?**

#### **Q20: What will happen to trainees who are dependent on Outcome 1 for OOP/sub-specialty training?**

An ARCP Outcome 10.1 is viewed as equivalent to an ARCP Outcome 1, i.e. “satisfactory progress” or an Outcome 6 in terms of recruitment at the end of a core programme (although outstanding requirements will need to be achieved in the next training period and before the next ARCP), but recognising that training and competency acquisition have been delayed due to COVID-19, and therefore as a result of circumstances beyond a trainee’s control. An Outcome 10.1 indicates that any unmet requirements can be made up in the next stage of training, allowing the trainee to progress.

Similarly, an Outcome 10.2 is similar to an Outcome 3, indicating that the trainee cannot progress, as the required capabilities cannot be made up at the next stage of training, or because the trainee is at the end of their training programme (approaching CCT).

It is therefore anticipated that an ARCP Outcome 10.1 should not affect eligibility for recruitment and Out of Programme applications.

**Q10 What will happen to doctors who haven't had the chance to sit examinations required for critical progression (core to higher and CCT)?**

The ability to progress at a critical progression point, where the required examination has been cancelled or postponed, will be specialty specific.

The Medical Royal Colleges and Faculties have developed GG8-compliant decision aids for each specialty and sub-specialty, advising ARCP panels whether specialty trainees can progress through a critical progression point if the required examination has been cancelled.

If this is permitted in the College or Faculty decision aid, a trainee will be given an Outcome 10.1 and permitted to progress. They will be required to pass the rescheduled examination before they can progress at their next ARCP.

Where Colleges and Faculties have not amended the examination requirement, a trainee will be given an Outcome 10.2 and will not be able to progress to the next stage of training until they have passed a rescheduled examination.

Trainees approaching CCT who have been unable to sit the required examination will be given an Outcome 10.2 at their ARCP, as there is no next stage of training at which they can sit a rescheduled examination.

**Q11: Will I still be able to CCT if I have passed my exams?**

Yes, remote ARCPs for trainees at critical progression points - including CCT - will be prioritised under the COVID-19 contingency plans and, if you have evidenced all of your CCT curriculum requirements, you will be able to CCT.

**Q12: Why has HEE placed the emphasis on self-assessment as the means for trainees to access progression? Will you publish the evidence that decisions have been made upon?**

**Q29: The Educational Supervisor's Report has been identified as a key document in the minimum evidence requirement for assessment. However, with increased service pressures and redeployment in response to COVID-19, trainees may experience challenges with securing this evidence. What will be the consequence if an ESR is not present?**

**Q30: Is there a way of requiring educational supervisors to complete the ESR?**

**Q31: If an educational supervisor is unable to complete the ESR, would satisfactory Clinical Supervisor forms suffice?**

**Q49: Can corroborative evidence from previous ARCPs be used to support an Outcome 1 if a trainee disagrees with aspects of the Educational Supervisor's Report? Will this be part of the pragmatic, flexible approach recommended by the four statutory bodies**

**Q52: Certain assessments have previously required consultant sign-off, where this is not possible could this be relaxed to allow trainees to pragmatically take advantage of the supervision and training that they are able to obtain?**

The UK Statutory Education Bodies recognise that the challenging circumstances presented by COVID-19 may prevent trainees from securing an Educational Supervisor's Report (ESR).

If the ES is unavailable, an alternative medical educator with knowledge of the trainee could complete the ESR. Furthermore, where normal evidence is not available, panels are encouraged to consider the use of compensatory evidence. To facilitate this, the Statutory Education Bodies have asked the Medical Royal

Colleges and Faculties to develop a GG8-compliant decision aid describing acceptable compensatory evidence (with examples) that ARCP panels could consider where normal evidence is not available due to the current situation.

#### England Guidance

In light of the extraordinary circumstances presented by COVID-19, to ensure that ARCP panels have a minimum evidence-base on which to support their decision, HEE will also require all trainees to complete a self-assessment and declaration form prior to ARCP. Trainees will be required to make a self-assessment of their progress and of any impediment to this caused by COVID-19. This will provide the ARCP panel with contemporary evidence to inform their decision.

It is expected that the self-assessment and declaration will also provide evidence if a trainee disagrees with elements of the ESR.

Educational Supervisors will receive a copy of their trainee's self-assessment and declaration form, providing them with the opportunity to comment or intervene if they feel there are any issues to report relating to progress.

#### Guidance for Wales, Scotland and Northern Ireland

To note, doctors in Wales, Scotland and Northern Ireland training programmes will not be required to complete a self-assessment and declaration form prior to their ARCP. Additional information will be requested retrospectively in the event that an ARCP decision is reviewed or appealed.

#### **Q14: If a doctor is unable to CCT because of circumstances beyond their control, will they be paid at the same level they would have had they been appointed as a consultant?**

The Terms & Conditions of a doctor in this situation would be dependent on how additional training time is undertaken. If the doctor remains in a training post, this would be paid at the appropriate rate according to the 2018 Junior Doctor Contract.

However, in some situations, there may be the opportunity to act up as a consultant (AUC). The Statutory Education Bodies have published guidance for AUC during the COVID-19 response. Training Programme Directors can approve AUC arrangements, which provide final year trainees who have been unable to CCT with appropriate supervision, enabling time to be credited towards a CCT.

The Terms & Conditions of AUC should be discussed and agreed between a trainee and their employer.

#### **Q15: What happens if a trainee progresses to the next level of training, and goes on to encounter training issues?**

This would be addressed at the next scheduled ARCP, as per normal processes outlined in GG8.

#### **Q16: If trainees are unable to CCT or progress as expected, given the effect on National Training Numbers (NTNs), could this result in job offers being withdrawn or in fewer NTNs next year?**

#### **Q17: What is the limit to extension on training in normal circumstances and has this changed due to the coronavirus outbreak?**

The four UK Statutory Education Bodies and the UK health departments are jointly considering this matter, including the potential for a further exceptional derogation to GG8: 4.105 to include amendments to the permitted additional training time.

#### **Q18: I am at a critical progression point and have met all the criteria for progression prior to COVID-19. However, I have not practiced in my specialty for some time, do not feel safe or confident progressing to the next stage and my mental wellbeing has been affected. Why can I not have the choice of extending my training?**

Welfare needs will be managed through separate process. The option of an exceptional extension for reasons of trainee welfare may be available.

**Q19: Trainees already offered posts in different regions following transition point recruitment will find it extremely difficult to do so in the current context. Will there be the opportunity for trainees to defer commencement of their new post so that they are not forced to move under these circumstances?**

The contingency planning implemented during the COVID-19 pandemic aims to reduce the burden on trainees, trainers, and the health service, while enabling as many trainees as possible to progress in their training at the normal rate. As such, trainees who are awarded an Outcome 6 at the end of their core training programme will be expected to progress to the next stage of their training.

For England, HEE recognises that during the COVID-19 pandemic, some successful training programme applicants may wish to defer commencement in post from their advertised start date, due to relocation delays and travel restrictions, or to take a career break. Deferral requests in England will be considered on a case by case basis at the TPD and Postgraduate Dean's discretion.

Trainees who receive an adverse outcome will be offered an extension to training, under normal ARCP rules. A revised specialty recruitment plan and timetable has been agreed and implementation is now underway, with no disruption expected to August 2020 rotations due to recruitment.

To note, HEE's specialty recruitment deferrals policy applies only in England. Trainees in Scotland, Wales and Northern Ireland should refer to their local deanery policy if they wish to review their start date. All requests will be considered on a case-by-case basis.

**Q21: I am a trainee who was on OOP / parental leave and returned to clinical practice earlier than planned to support the COVID-19 response. What outcome can I expect to get?**

**Q22: I am a trainee who was on OOP / parental leave and returned to clinical practice earlier than planned to support the COVID-19 response. How can I return to my OOP / parental leave to complete my original entitlement?**

**Q23: Will time back from OOP restart the training clock?**

HEE has issued [guidance](#) on facilitating the return of trainees on flexible pathways, which includes information on the management of trainees returning from parental leave. Separate guidance has been issued by [NHS Education Scotland \(NES\)](#) and [Health Education & Improvement Wales \(HEIW\)](#)

In particular, we wish to provide assurance to trainees who have returned to frontline services, that they will be able to return Out of Programme (OOP) or to complete their parental leave after the peak of the COVID-19 crisis has passed, assuming the OOP provider can accommodate this. In addition, parental leave can be split between both parents as per the statutory position

HEE has expanded its package of supported return to training (SuppoRTT) [resources](#) to help trainees coming back to frontline services. We have hosted a series of webinars led by our Clinical Fellows, who are doctors themselves, which have been well-attended and received and are freely available online.

Trainees who have returned from OOP or parental leave can expect to receive an Outcome 8 at ARCP, as per GG8, and to have a subsequent conversation with their educational supervisor about gaining credit for the service work they have undertaken.

The Statutory Education Bodies have agreed that experience gained by trainees who have returned from OOP to take up clinical duties may be used as evidence for their progression. [Guidance](#) has been issued for trainees and faculty, outlining an approach for recording and recording relevant experience and competencies gained.

**Q24: Will ARCPs be face to face?**

As per the contingency policy for ARCPs, issued by the four Statutory Education Bodies, the 'face to face' part of the ARCP process involving trainees with an adverse outcome (i.e. post ARCP feedback) will be undertaken using videoconferencing, telephone or similar

The face to face part of the ARCP process for the 10% of trainees reviewed randomly will not proceed this year – consideration will be given to how quality management is carried out in due course.

**Q25: How will panels determine whether a trainee receives an unsatisfactory outcome?****Q36: How are the four UK Statutory Education Bodies and the GMC addressing the risk that trainees will progress with an Outcome 10, despite being unprepared for progression?**

The four UK Statutory Education Bodies and the GMC have approved a coding framework for Outcomes 10.1 and 10.2. These C codes provide additional information on the specific circumstances that have led to a no fault outcome, by which a trainee has been unable to evidence their curriculum requirement due to COVID-19.

Where a trainee is unable to demonstrate that COVID-19 measures have prevented them from attaining or evidencing the curriculum requirements – i.e. if no C Code applies to their circumstances – the panel may give an unsatisfactory outcome.

To note, ARCP panel decisions should not come as a surprise to a trainee. If you have not been progressing as expected, this should have been previously identified by you and your Educational Supervisor and appropriate support should already be in place to address this.

**Q27: Some medical Royal Colleges have taken the decision to delay the implementation of newly approved postgraduate curricula. Could new curricula be used to develop ARCP 2020 decision grids, without the new curricula being launched?**

The ARCP 2020 decision aids will relate to the postgraduate curricula that are currently in use. Doctors are recruited to specialty training programmes, rather than to specialty curricula. We therefore anticipate no impediment to progression on the basis of curricula revisions.

**Q28: What training / update process will panel members who are coming out of retirement or are not usually involved in ARCPs receive?****Q38: How will retired ARCP panellists be recruited and trained prior to commencement? What will be the selection criteria?**

HEE and NHS Education Scotland (NES) have been approached by a number of retired medical educators who wish to return to support postgraduate medical education, including staffing ARCP panels, during COVID-19. We are putting a process in place to allow these individuals to apply for bank contracts to provide this service.

HEE and NES are putting measures in place to ensure that retired educators who return to work to staff ARCP panels are fully apprised and upskilled in the technical elements of the ARCP process. These training resources will be made available to any panel members who require support in implementing the COVID-19 ARCP process.

**Q32: Can Educational Supervisor's Reports be backdated, if not performed on scheduled time?**

The Statutory Education Bodies recognise that the challenging circumstances presented by COVID-19 may prevent trainees from securing an Educational Supervisor's Report (ESR).

In light of the extraordinary circumstances presented by COVID-19, to ensure that ARCP panels have a minimum evidence-base on which to support their decision, HEE will also require all trainees to complete a self-assessment and declaration form prior to ARCP. Trainees will be required to make a self-assessment of their progress and of any impediment to this caused by COVID-19. ARCP panels will make decisions based on the minimum evidence-based and therefore it will be unlikely that any ESR submitted retrospectively will be considered.

To note, doctors in Wales, Scotland and Northern Ireland training programmes will not be required to complete a self-assessment and declaration form prior to their ARCP. Additional information will be requested retrospectively in the event that an ARCP decision is reviewed or appealed.

**Q33: If an ARCP panel has conducted an interim review, can this be used in replacement of the end of year educational supervisor report to inform ARCP?**

The COVID-19 ARCP guidance does not allow this.

**Q34: Will there be consistency between regions? How will this be guaranteed or quality assured?**

All local offices will be following existing guidance, policy and standard operating procedures which has been supplemented by the additional COVID-19 specific guidance.

Colleges have been asked to prepare GG8-compliant decision aids for COVID-19, providing a consistent set of guidelines that can be implemented across all UK local offices. Colleges will continue to monitor ARCP outcomes and the ARCP return required by the GMC provides further assurance.

**Q35: Will local offices be able to conduct ARCPs scheduled in May during COVID-19?**

The four UK Statutory Education Bodies and the GMC have published contingency plans for conducting ARCPs during COVID-19; derogation from GG8:4.91 to permit Outcome 10s; guidance on issuing Outcome 10s; and an accompanying coding framework.

These have been launched alongside explanatory notes, communications and FAQs for local offices, panel members, trainers, and trainees ahead of the 1<sup>st</sup> May 2020 implementation date.

**Q37: Trainees follow a competency, not time-based, curriculum. Will it be clear to ARCP panels in 2020 and in future years that most trainees will gain the required competencies while working during COVID-19, meaning that a training extension will not be necessary?**

**Q39: Can HEE provide reassurance that retention of trainees for a longer training period will not negatively impact on recruitment quotas?**

**Q48: Can the educational bodies guarantee that an Outcome 10 will not disadvantage trainees at any future ARCP?**

As per the derogation from GG8:4.91, where the acquisition of required capabilities has been delayed solely due to the impact of COVID-19, trainees should be enabled to progress to the next stage of training.

In these instances, where a trainee receives an Outcome 10.1, it is expected that they will be able to achieve their outstanding competencies before their next ARCP, and that an extension to training will not therefore be necessary. Furthermore, it is likely that some experience gained during COVID-19 deployment will be recognised as evidence of attaining curriculum competencies.

The Medical Royal Colleges have produced decision aids, outlining acceptable compensatory evidence for all medical specialty ARCPs and outlined the minimum evidence required to progress through critical progression points during COVID-19. Our aim is to reduce the number of ARCP 10.2 Outcomes to the greatest possible extent.

The Statutory Education Bodies and the Medical Royal Colleges will also provide opportunities for trainees with an Outcome 10.2 to evidence their competencies and progress to the next stage of training at the earliest possibility after the COVID-19 restrictions have lifted.

Together, these measures are intended to enable trainee progression, while protecting patient safety and safeguarding training capacity to enable recruitment to continue.

**Q40: As the ongoing impact of COVID-19 on the workforce is likely to continue for an extended time, how is HEE planning to staff enhanced ARCPs in 2021?**

The planning and resourcing of 2021 ARCP panels will be a high priority for Postgraduate Deans and their teams. We are confident that there is adequate resource and experience to deliver ARCPs in 2021.

**Q41: The 2020 ARCP process is not perceived to be well designed to identify trainees in difficulty. How will this be addressed going forward?**

There are existing processes for identifying trainees with difficulties during training, which are well established. Trainees are asked to highlight in their self-assessment and declaration form, whether they wish to meet with a senior educator, or whether they have concerns regarding their health and wellbeing.

To note, doctors in Wales, Scotland and Northern Ireland training programmes will not be required to complete a self-assessment and declaration form prior to their ARCP. Additional information will be requested retrospectively in the event that an ARCP decision is reviewed or appealed.

**Q42: How does HEE propose to support trainees with an Outcome 10 to achieve outstanding capabilities, given the likely competition with trainees in the following year group for educational opportunities?**

If a trainee is awarded an Outcome 10, the panel should document the capabilities that the trainee is required to develop. These will form the basis of a training plan for the trainee, developed in conjunction with their educational supervisor. The trainee's progress against the capabilities identified by ARCP panels will be reviewed at the next scheduled review.

Medical Colleges and Faculties are actively exploring ways in which to re-commence examination cycles and to provide the capacity required for trainees to complete these educational opportunities.

**Q43: When does HEE expect Penultimate Year Assessments to be reinstated?**

In accordance with the contingency planning statement published by the four UK Statutory Education Bodies on 19th March 2020, Penultimate Year Assessments (PYAs) have been suspended for the 2020/21 training year. A decision on the reinstatement of PYAs cannot be made until after COVID-19 restrictions have been lifted.

**Q44: Given that Training Programme Directors (TPDs) are taking less of an active role in ARCPs in 2020, is HEE allowing trusts to buy their TPD time back? This would achieve savings for HEE in 2020, that could be reinvested in 2021, when we expect to require more TPD time than normal to support the ARCP process.**

The financial implications of COVID being discussed at Government level. Financial allocations for the 2021/22 financial year will be determined in due course.

**Q45: Can I disagree with my ARCP outcome while the COVID-19 contingencies / derogation is in place?**

**Q46: What if a trainee or their trainer disagrees with an ARCP Outcome 10?**

During the derogation to GG8:4.91, trainees and trainers will still have recourse to request a review or appeal an ARCP outcome, as per the provisions of GG8.

**Q50: How will you be assessing people who have time out due to shielding? Will they be assessed pro-rata, or will they be assessed the same as their peers?**

When arriving at an Outcome, ARCP panels will take into account the impact of the COVID-19 pandemic, including a flexible approach to time-off due to illness or meeting isolation requirements, such as shielding.

As per the [derogation from GG8:4.91](#), where the acquisition of required capabilities has been delayed solely due to the impact of COVID-19, trainees should be enabled to progress to the next stage of training.

In these instances, where a trainee receives an Outcome 10.1, it is expected that they will be able to achieve their outstanding competencies before their next ARCP, and that an extension to training will not therefore be necessary. The supplementary [C4 code](#) would also likely be applicable ("Prolonged self-isolation needed during COVID-19").

**Q51: What checks have been put in place to ensure the 2020 ARCP process doesn't disproportionately affect specific groups with either from adverse outcomes or missed opportunities to catch those in difficulties?**

The contingency planning implemented during the COVID-19 pandemic aims to reduce the burden on trainees, trainers, and the health service, while enabling as many trainees as possible to progress in their training at the normal rate.

There are existing processes in place to avoid disproportionate adverse impacts for individuals with protected characteristics or belonging to a specific demographic group. Four nation discussions have taken place throughout COVID-19 contingency planning to promote equitable processes and decision-making as far as possible.

The trainee self-assessment and declaration form also provides an opportunity for trainees to record and alert local offices to any difficulties or perceived disadvantage that they have experienced on any individual basis.

To note, doctors in Scotland and Northern Ireland training programmes will not be required to complete a self-assessment and declaration form prior to their ARCP. Additional information will be requested retrospectively in the event that an ARCP decision is reviewed or appealed.