

Temporary approval of curricula derogation to support Annual Review of Competence Progression (ARCP) where training has been disrupted by coronavirus (COVID-19)

Background

This section summarises the current guidance that explains the role of the GMC in approving postgraduate curricula, the normal approach to making ARCP decisions, and the updated advice during the pandemic issued in recent letters from the four Statutory Education Bodies.

Period of approval

We expect temporary derogations to remain in place during the period of major disruption to training caused by the pandemic, and the GMC will only remove derogations following engagement with the Statutory Education Bodies and Medical Royal Colleges and Faculties and the wider system. We will keep our policies and approval decisions under periodic review.

Postgraduate curricula and assessments

The GMC sets the standard for the award of a CCT including the learning outcomes and tests of competence to be completed (section 34H of the Medical Act 1983).

The GMC approves curricula designed by Medical Royal Colleges and Faculties against [*Excellence by Design*](#) standards. Patient safety is the first priority and sits at the core of our education standards.

Approved curricula set out the learning outcomes, levels of performance and evidence required at critical progression points including CCT¹.

Medical Royal Colleges and Faculties may also develop guidance on the level of performance and evidence which would indicate satisfactory progression at non-critical progression points in training.

ARCP process

Statutory Educational Bodies convene ARCP Panels in accordance with the [Gold Guide](#) to review the evidence presented by trainees and their educational supervisors relating to progress in the training programme, and to award the appropriate ARCP outcome based on the guidance and requirements within the curriculum.

The Gold Guide defines the functions that the ARCP panel fulfils including:

- It makes judgements about the competences/capabilities acquired by trainees and their suitability to progress to the next stage of training.
- It provides a final statement of the trainee's successful attainment of the curriculum competences/capabilities including fulfilment of the GMC's standards in the Generic Professional Capabilities Framework for the programme and thereby the completion of the training programme.

Educational supervisor's report

The Gold Guide requires that a structured report be prepared by the trainee's educational supervisor. The purpose of the report is to provide a summary of progress including collation of the results of the required workplace-based assessments, examinations and other experiential activities required by the curriculum (e.g. logbooks, evidence of research activity, publications, quality improvement activities and audits).

The educational supervisor is the crucial link between the trainee's educational progress, workplace-based formative assessment processes (e.g. supervised learning events) and summative assessment processes since the educational supervisor's report provides the summary of the assessment evidence for the ARCP process.

¹ A critical progression point is a point in a curriculum where a learner transitions to higher levels of professional responsibility or enters a new or specialist area of practice, including successful completion of training. These transitions are often associated with an increase in potential risk to patients or those in training, so they need to be carefully managed and decisions to progress need to be based on robust evidence of satisfactory performance.

ARCP Outcome

The ARCP panel must recommend the outcome for an individual trainee on the basis of the submitted evidence. It must also take into account any mitigating factors on the trainee's part such as personal circumstances.

ARCP outcomes include

- Outcome 1 – Satisfactory progress – Achieving progress and the development of competences / capabilities at the expected rate
- Outcome 2 – Development of specific competencies / capabilities required – Additional training time not required
- Outcome 3 – Inadequate progress – Additional training time required
- Outcome 5 – Incomplete evidence presented – Additional training time may be required
- Outcome 6 – Gained all required competences / capabilities – Will be recommended as having completed the training programme (foundation, core or specialty). If in a run-through training programme or higher training programme, will be recommended for the award of a CCT or CESR(CP) / CEGPR (CP)

(source [Gold Guide 8th edition](#))

Adapted ARCP

During the pandemic the GMC, Statutory Education Bodies (SEBs) of the 4 Nations, and Medical Royal Colleges and Faculties recognise that there may be challenges for trainees and trainers in attaining the competencies / capabilities or in preparing and providing the evidence for ARCP.

The organisations have worked together to identify changes to ARCPs covering the period of training affected by the pandemic

https://www.copmed.org.uk/images/docs/ARCP_Ddecision_Aid/ARCP_Ddecision_Aid.pdf.

Patient safety must remain a primary focus in addition to reducing the burden on trainees, trainers and the health services in the 4 countries during the pandemic while enabling as many trainees as possible to progress in their training at the normal rate.

As set out by the four statutory education bodies in a statement *Supporting the COVID-19 response: Enabling progression at ARCP* (21 April 2020) a number of changes are being introduced for ARCPs:

- Ascertaining the minimum curriculum requirement, compatible with maintaining patient safety for each specialty for each year of training to inform when a trainee can progress;
- Identifying compensatory evidence that ARCP panels can consider when normal evidence is not available;
- Defining critical progression points for each training programme;
- Prioritising ARCPs when there are pre-existing significant concerns about the clinical capability/fitness to practise/revalidation of the trainee or where the trainee is at a critical progression point in their programme;
- Introduction of two new ARCP Outcomes – Outcomes 10.1 and 10.2 which recognise that the trainee was achieving progress and developing competences/capabilities at the expected rate but that acquisition of some capabilities has been delayed by the impact of the pandemic.

GMC approach to ARCP decisions covering periods of training affected by the pandemic

Using the principles of EBD and guidance already summarised above we set out the principles to support ARCP decisions during this period.

Progression without exams

We have already [issued separate guidance which permits colleges and ARCP panels](#) to allow progression between stages of training, except for those in their final year where an exam would normally be required.

In most cases we expect trainees to progress only one training year without having completed the exams, and not beyond a critical progression point.

For example, trainees normally required to complete an exam by the end of ST3 may be permitted to progress into ST4 but not into ST5 until they have completed the exam. For LTFT trainees, their progression should be determined by the point at which they transition between training grades rather than the calendar year.

GMC approved derogation from curriculum learning outcomes and evidence

In order to protect patient safety, the standard for entry to the specialist and GP register remains the same. All curriculum learning outcomes must be demonstrated prior to CCT and at other critical progression points where a learner transitions to higher levels of professional responsibility or enters a new or specialist area of practice.

Learning outcomes may be achieved through the usual mechanisms. Many new training locations have been approved by the GMC including Nightingale Hospitals enabling trainees to have their experience recognised towards their CCT. Competencies may be acquired during a period of acting-up if this is in line with the college guidance.

All learning outcomes including generic professional capabilities, must be completed before an ARCP 6 can be awarded, and the trainee recommended for entry to the GP or specialist register.

We approve in principle that where there is no risk to patients or learners, trainees should be allowed to progress. Medical Royal Colleges and Faculties have been asked to review their curricula and identify where it would be possible for ARCP panels to

- enable a trainee to progress where competence has not been attained or evidenced
- accept alternative or reduced evidence to demonstrate competence

The GMC will review and approve each proposal to derogate from the approved curricula in order to enable trainee progression. Approval will be issued following an expedited process informed by feedback from SEBs and trainee representatives.

Postgraduate curricula are in a transitional phase, with many in the process of being redesigned in line with the EBD standards. We will apply the principles outlined in the standards to guide our response to requests for derogation from the requirements of all current curricula.

If the educational supervisor is unable to complete the Educational Supervisor Report, an alternative medical educator, recognised or approved by the GMC and endorsed by the Dean, and with knowledge of the trainee, should complete the Education Supervisor Report.

This is a temporary derogation for training which continues to be disrupted by the pandemic. In most cases we expect that specified missing elements will be evidenced at the next ARCP, however we recognise that in some circumstances it will take longer for trainees to catch-up.

Progression without having gained all capabilities / competences or with insufficient evidence

Where trainees have been redeployed, had their rotation cancelled or missed training experiences as a result of the pandemic and been unable to gain all of the learning outcomes normally required or with insufficient evidence of competence, we approve in principle ARCP panels to support progression to the next stage of training subject to the following.

- Trainees with evidence of concerns unrelated to the pandemic, should have the standard ARCP outcome applied and should not be allowed to progress.
- Trainees at a critical progression point may have the COVID-19 ARCP outcome applied and should not be allowed to progress unless all the outcomes have been met.
- It is feasible that trainees will be able to gain missing competences / capabilities in future training placements
- The new ARCP code (10.1) should be awarded and outstanding capabilities / competences should be clearly documented with an agreed timeline for completion recorded in the PDP.
- We would not normally expect trainees to progress more than one training year without obtaining any missed competencies.
- SEBs and employers must ensure additional support is available for trainees who have progressed without the usual capabilities / competences / experience.

Progression with alternative or reduced evidence of capability / competence

Trainees may have achieved the capabilities / competencies stated in the curriculum but have been unable to collect the quantity of evidence specified, such as minimum numbers of workplace-based assessments.

[Excellence by Design](#) standards require curricula to describe high-level learning outcomes with sufficient flexibility to enable local education providers to use discretion in accepting a range of evidence including but not limited to courses, techniques and approaches that best meet local arrangements and resources. But where serious patient safety concerns may exist, explicit mandatory minimum curricula requirements should be specified. These must be proportionate and limited, and where there are no other acceptable or proportionate ways to protect patients. ([EBD p4-11](#))

Medical Royal Colleges and Faculties should identify in the ARCP guidance any mandatory minimum curricula requirements, and where flexibility may allow alternative evidence to be accepted, for example where an e-Learning course or WPBA may be substituted where a training course has been cancelled.

We approve ARCP panels to support progression to the next stage of training where a trainee is able to provide the minimum set of evidence or reasonable alternative evidence to demonstrate competence as defined in the revised ARCP guidance subject to the following:

- Trainees with evidence of concerns unrelated to COVID-19, should have the standard ARCP outcome applied and should not be allowed to progress.
- College ARCP guidance must specify what minimum evidence is sufficient to demonstrate that a capability / competence has been met satisfactorily.
- A recommendation for progression based on a minimum set of evidence should be supported by a holistic assessment on progression for example through an Educational Supervisor Report.
- The new ARCP code (10.1) should be awarded.

If some evidence has been achieved but this is insufficient to be assured of a trainee's capability, please refer to the section above 'Progression without having gained all capabilities / competences or with insufficient evidence'

Extensions to training and a recognition of 'future' capabilities / competence

If it is not possible to progress a trainee, because they are at a critical progression point, or it would not be feasible for them to catch up on missed capabilities an ARCP 10.2 should be considered in order to extend their current stage of training.

Any capabilities that trainees can gain during their period of extension which would normally be gained at a future stage of training, should be recognised by the ARCP panel in order to allow trainees to progress more quickly through the next stage of training towards CCT.

New assessments

Where new assessments are required, to replace the approved assessment which cannot be delivered, these should be submitted to the GMC under the new temporary approval process.

Colleges should contact the GMC approval team at Education@gmc-uk.org to discuss submission requirements and timelines.