ARCP FAQs
– Valid 1 January 2021 until 30 September 2021

Background
The rules which govern the ARCP process are contained in The Reference Guide for Postgraduate Foundation and Specialty Training in the UK (Gold Guide Eighth Edition – GG8 v 31 March 2020)\(^1\). To minimise the impact of the COVID-19 outbreak on the ARCP process, 4 nations guidance was laid out in the Contingency planning for ARCPs – COVID-19 outbreak\(^2\) and Supporting the COVID-19 Response: Management of Annual Review of Competency Progression (ARCP)\(^3\). These were updated in November 2020 and will apply until at least September 2021 (see Appendix 1). Guidance for Workplace Based Assessments (WPBA) requirements as of 1/1/2021 can be found here. Panels will be mindful of the fact that there have been modified requirements during the pandemic. For the purposes of clarity, most WPBA requirements were effectively suspended from 5/2/2020 to 5/8/2020. The requirements covering that period appear in Appendix 2. After that date panels are expected to be flexible over the timing of the provision of mandatory evidence, but not the minimum quantity (see Appendix 3).

The guiding principles are that panels should undertake a holistic view, take Covid impact into consideration; and look for compensatory evidence when making their assessments.

With the introduction of the new Fourteen Fish Portfolio, panels will also need to aware of the differing schedules the trainee may be following – either the ‘old’ assessment numbers (pre August 2020) or the ‘new’ assessment numbers (post August 2020).

Version Control
- This version released 26.01.21 adding Question 4 dealing with local outbreaks of COVID-19.

\(^1\) https://www.copmed.org.uk/gold-guide-8th-edition/
\(^3\) Four Nations guidance e.g. https://heiwnhs.wales/files/covid-19-management-of-arcp/
Q + A General

Q1: Do we need to see the trainee face to face if we are giving a non-standard Outcome?
No, this can be done remotely by videoconference, telephone or similar.

Q2: What should be our guiding principles when reviewing the evidence?
ARCP panels should consider the impact of the COVID-19 pandemic. This will include taking a more flexible approach to the available evidence, including Work Place Based Assessments, due to the different patterns of working for trainees enforced by the pandemic. ARCP panels should make a holistic judgement on the progress of trainees based on a review of the evidence provided by trainees and ESs against the minimum data set and agreed compensatory evidence. There should be no post-hoc requirement to provide evidence for the period 5/2/2020 to 5/8/2020, but for ARCPs occurring after 05.08.2020, trainees should have the pro-rata numbers from the periods being assessed before 01.02.2020 and after 05.08.2020 according to which schedule they are on. Further guidance was issued in January 2021.

Q3: What is the Minimum Mandatory Evidence required?
Full guidance for the new WPBA assessment numbers can be found here, and on the old numbers here. Most WPBA requirements were effectively suspended from 5/2/2020 to 5/8/2020, and there should be no post-hoc requests to provide missing evidence from that period of time. In cases where the number of specific assessments has not been achieved since 5/8/2020, an ARCP panel will be able to deliver a global judgment based on a holistic view of evidence over the three-year programme provided there is a plan as to how any missing evidence (including Learning Logs) will be provided in subsequent posts. Panels are expected to be flexible over the timing of the provision of mandatory evidence, but not the minimum quantity (see Appendix 3). Any requirement for this should be clearly signaled on the ARCP form.

Q4: A trainee due to have their final ARCP has been unable to complete all their mandatory assessments due to a local COVID-19 outbreak in the months just before the panel. What outcome should they be given?
Training activity in general practice has not been suspended during the second wave, although local factors may cause it to be disrupted. The requirement for WPBA activity to be completed regularly throughout the training year has been waived but, in order to CCT, the trainee still needs to have done the right number of logs and assessments as per the summary tables depending on whether they are undertaking the ‘old’ assessment numbers (pre August 2020) or the ‘new’ assessment numbers (post August 2020) (making allowance for the suspension of most WPBA requirements during the first wave of COVID March-August 2020). If this is not possible before the trainee’s ARCP, it may be appropriate to issue an Outcome 5 that can be converted to an Outcome 6 at the discretion of the chair. Trainees working in practices who find themselves in this position
should be directed to discuss with their ES or a TPD an alternative plan for collecting the outstanding evidence during the remaining time before they CCT.

**Q5: Do trainees still need an ESR?**
Yes. Trainees will still need an ESR every 6 months (either full or interim). At the end of training they **must** provide sufficient evidence to be rated as **competent for licensing** in all 13 capabilities in a light touch ESR which should normally be carried out within 8 weeks of the panel. Guidance on a light touch ESR can be found [here](#).

**Q6: The Educational Supervisor is not available to complete the ESR, how do we complete the review?**
If the ES is unavailable, an alternative medical educator with knowledge of the trainee (e.g. Programme Director) could be asked to complete the ESR.

**Q7: What does the panel do if the requirements set by the previous panel have not been met?**
These should be reviewed, and a holistic judgement made. Where trainees have remaining training time, the ARCP panel should assess whether the panel would still expect these previous requirements to be met during the next phase of training. If this is a final ARCP, and the trainee has been deemed to be competent for licensing across all 13 capabilities, the ARCP panel may decide to waive the requirements.

**Q8: My trainee is a TGPT / LTFT / on ML, and has not had an opportunity to sit their exams, what do we do?**
TGPT trainees now have the opportunity to sit the RCA. Trainees who feel comfortable to attend a socially distanced assessment at the Pearson Vue Test centres may also sit the AKT. Shielding trainees are unable to access the January 2021 AKT sitting. The conversation with the Educational Supervisor and confirmation regarding readiness to sit the exam is now even more important, given the COVID-19 related disruption to training. Please note that all trainees (not just TGPT candidates but also LTFT trainees, those on maternity leave etc) who were in training between 18 March 2020 and 1 September 2020 and whose ability to study for and take the exam was therefore affected by the suspension of exams and teaching activity will now have the currency of their AKT or CSA assessment extended from 7 years to 7 years and 6 months. In other words, the group of trainees impacted by COVID-19, and only the group impacted by COVID-19, will be allowed to carry forward an exam currency of 7 years and 6 months, rather than the normal 7 years.

**New Outcomes during COVID**

**Q9: I have heard there may be a different code for trainees having a panel during the COVID-19 crisis what are they and where do we record it?**
ARCP panels should make a holistic judgement on the progress of trainees based on a review of the evidence provided by trainees and ESs against the minimum data set, agreed compensatory evidence and the GG8-compliant decision aid. In addition to the
normal range of Outcomes and N codes an Outcome 10 and the code N13 will be available to panels:

N13 Code
Where an ARCP has not taken place because of COVID-19, it is proposed that no outcome is recorded, and an N code supplied indicating and specifying the reason as being due to COVID-19. The trainee will be allowed to progress to the next phase of their training when an early ARCP will be undertaken and an Action Plan and Personal Development Plan will be put in place.

Outcome 10
Outcomes 10.1 and 10.2 recognise that progress of the trainee has been satisfactory but that acquisition of competences/capabilities by the trainee has been delayed by COVID-19 disruption. These are therefore ‘no-fault’ outcomes. **Outcome 10.1** - Progress is satisfactory but the acquisition of competencies/capabilities by the trainee has been delayed by COVID-19 disruption. Trainee is not at a critical progression point. Trainee can progress. **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. **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.

If Panels are considering awarding a non-standard Outcome 2;3;4 or an Outcome 5, they should consider carefully whether the trainees progress has been impacted by COVID-19, before issuing and therefore whether Outcome 10.1 or 10.2 would be more appropriate.

**Supplementary C codes** should be used to indicate the nature of the disruption to the trainee. Multiple C codes can be selected to best describe all the circumstances affecting an individual trainee.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>10.1 and 10.2</td>
<td>Redeployment could not acquire required experience</td>
<td>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.</td>
</tr>
<tr>
<td>C3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.1 and 10.2</td>
<td>Prolonged self-isolation needed during COVID-19</td>
<td>Trainee could not acquire appropriate curriculum-related experience during COVID-19 disruption due to need for prolonged self-isolation based on national guidance.</td>
</tr>
<tr>
<td>C4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Details</td>
</tr>
<tr>
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</tr>
<tr>
<td>C5</td>
<td>Inadequate progress in this training year prior to COVID-19</td>
<td>Trainee was NOT on course to receive an outcome 1 or 6 prior to COVID-19 but, given the disruption an unsatisfactory outcome cannot be awarded as the trainee may have been able to achieve satisfactory progression by the time of the ARCP had there not been disruption.</td>
</tr>
<tr>
<td>C6</td>
<td>Incomplete evidence due to COVID-19</td>
<td>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.</td>
</tr>
<tr>
<td>C8</td>
<td>Royal College or Faculty exam cancelled with trainee at CCT date</td>
<td>Trainee could not attempt the exam as it was cancelled due to COVID-19 disruption and will need to sit at the next available opportunity</td>
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**Q10:** The Trainee has completed the three-year training programme but not had an opportunity to pass the AKT as they have been shielding throughout. What outcome should be given?
Outcome 10.2

**Q11:** Can you appeal an Outcome 10?
A trainee has the right to request a review of an Outcome 10.1 in accordance with the process set out in GG8:4.164-4.165
A trainee has the right to appeal against an Outcome 10.2 in accordance with the process set out in GG8: 4.166 - 4.179.

Trainees assessed during COVID-19 and awarded an ARCP Outcome 3 who believe that a 'no-fault' Outcome 10 should have been awarded, can appeal that decision. If the appeal is upheld, the Postgraduate Dean has discretion to make a derogation from the Gold Guide (GG8:1.12) overturning the Outcome 3 and awarding an ARCP Outcome 10.2

Q12: I am panel chair and have been asked to ensure all dates for CCT match in the Portfolio, which are they?
The following dates need to be aligned on the ARCP on trainees being awarded an Outcome 6:
Period covered: Last date and Expected CCT dates.
Posts: Finish date of last post

Remote Working, Not able to Work, and Redeployment

Q13: My Trainee has been working remotely and wants to know if it can count towards training?
Yes – provided there is evidence of clinical or non-clinical work being undertaken, linked to the current workplace as well as continued engagement with the Portfolio and bone fide evidence of studying and learning during that time which is linked to the 13 capabilities.

Q14: My Trainee had a period when they were unable to work and wants to know if it can count towards training?
Periods when trainees are unable to work for logistical reasons (e.g. awaiting the IT to enable working from home) are generally counted as either in programme (if there is evidence of non-clinical work being undertaken, continued engagement with the Portfolio and bone fide evidence of studying and learning during that time) or Special Leave if there was none. Special leave would not normally count towards training time.

Q15: What about Time Out of Training?
A flexible approach to time-off due to illness or COVID-19 related self-isolation requirements, will be taken. However, there is a minimum legal requirement of training time that the trainee should complete. The legislation states that GP training should be a minimum of three years, however guidance on managing Time Out of Training includes some flexibility to allow for time away for short periods of statutory leave and this includes time off to self-isolate etc. Trainees should always plan to complete 36 months of training. If there is any doubt about whether a trainee has completed the minimum requirements, please check with the College GPSA team (gpsa@rcgp.org.uk).

Q16: My trainee has continued to work but has entered very little in their Portfolio
The ARCP panel will make the final decision based on a holistic view of the trainee's progress and the trainee's adherence to the guidance during the first emergency phase (01/03/2020 to 5/8/2020): “Trainees should continue to make learning log entries where possible and workload allows in their Portfolio”. Please see Appendix 2 for details and Appendix 3 for the guiding principles behind the latest WPBA guidance which is available here.

Q17: The trainee under review has been re-deployed or their job has been altered because they were shielding at home because of COVID-19 – do they count towards training?
If the ARCP panel felt there was evidence of the trainee developing capabilities against curriculum requirements, these posts should count towards training.

Q18: The trainee was redeployed during the pandemic, will this post count towards training even though they did not have time to write learning logs, do assessments or get a CSR?
Yes, the post will count towards training and towards the minimum speciality requirements provided the guidance relevant at the time of the post was fulfilled. Please see Appendix 2 for details of the requirements between March and 05.08.2020 and Appendix 3 for the guiding principles behind the current WPBA guidance which is available here. It is recognised that during the height of the pandemic trainees may not have been able to complete the normal requirements for WPBA. It is hoped that the trainee will be able to include relevant experience during Covid-19 which might contribute to acquisition of the Generic Professional Capabilities (GPC) required in GP curricula. As a minimum a reflection, post redeployment, on their learning from the experience would be invaluable. It is also important that the posts on their Portfolio reflect the dates of their placement and should be clearly labelled with Speciality and “Redeployed Covid post”

Q19: The trainee was redeployed during the pandemic, and has spent >6m total in one Specialty, will this post count towards training even though they did not have time to write learning logs, do assessments or get a CSR?
Yes, the post will count towards training and towards the minimum speciality requirements. However General Practice is an outcome-based curriculum. At the final ARCP the panel will need to see that they have addressed all components of the curriculum. It is important therefore that they discuss with their ES, post pandemic, how they might identify and address any learning gaps.

It is recognised that during the height of the pandemic the trainee may not be able to complete the normal requirements for WPBA. A reflection, post redeployment, on their learning from the experience would be invaluable. It is also important that the posts on their portfolio reflect the dates of their placement and should be clearly labelled with the speciality they spent time in and “Redeployed COVID-19 post”.
Appendix 1 Supporting the COVID-19 Response: Enabling Progression at ARCP – Update November 2020

This guidance can be found on the websites of the Statutory Education Bodies, e.g. here or here.

Appendix 2 WPBA March-Aug 2020

This guidance will be available in an archive format on this page.

Appendix 3 Statement issued by RCGP January 2021: Supporting trainees with WPBA and ARCP during COVID

Following the release of the latest guidance the RCGP and COGPE would like to try and address the concerns expressed by some trainees about continuing WPBA during periods of extreme pressure.

Both the RCGP and COGPE recognise that trainees are currently working in extremely challenging circumstances. The intention behind continuing WPBA is that placement planning meetings, CbDs, mini-CEXs, COTs and CSRs will provide a focus for support. They should be an opportunity for you and your Clinical Supervisor to check on your wellbeing, so they should continue wherever possible or alternative support be sought.

If a trainee finds that reflecting on cases in their Learning Logs as part of their evidence is helpful, then they should feel free to do so. We would however like to make it clear that no trainee is expected to reflect in their Portfolio on any experiences that they find personally traumatic. Where necessary, such matters should be dealt with, in confidence, with a trusted mentor.

During particularly challenging periods it is recognised that it may not be possible to upload any Learning Logs. If this situation persists for longer than three months, an explanation should be uploaded into the portfolio.

Anyone in that position and those who are finding it impossible to meet their Clinical Supervisor (even remotely), should arrange an educational discussion with their Educational Supervisor or Training Programme Directors who can signpost them to support. No-one should go unsupported, particularly at this time. We would strongly advocate an early request for support by trainees when they need it. Any trainee struggling with workload or stress, should therefore contact their Clinical Supervisor/Educational Supervisor or Training Programme Director for support sooner rather than later.

It is important that these discussions are documented in Educators Notes as information for panels.
Trainees should be supported to provide the evidence required for WPBA in order to CCT and it is recognised that this may well mean that more evidence has to be uploaded in subsequent posts. If there are “gaps” in the evidence uploaded in the Portfolio, then ARCP panels will take into account documented evidence of workload pressures and COVID-19 impact when reaching their conclusions, provided either the required amount of evidence is present (including Learning Logs) or a plan as to how it will be provided in a subsequent post. Any requirement for this should be clearly signalled on the ARCP form.

We understand how challenging things are for you and want to do everything we can to support you.