Summary of Guidance from various educational bodies

PRE COVID GUIDANCE

Gold Guide:

All trainees, including those who are unable to train or work on health grounds, must submit form R (or the alternative IT solution in Scotland = SOAR) annually.

Absences from training may have an impact on a doctors' ability to demonstrate competence and progression through the curriculum. The GMC has therefore determined that within a 12 month period 14 days absence or more (when a trainee would normally be at work), a review will be triggered of whether the trainee needs to have their core training programme end date or CCT /CESR date extended. This review would occur at ARCP. (For foundation doctors this is 20 days but includes statutory and non statutory leave)

Trainees should ensure that NES are aware of their absences through the relevant reporting process.

There are occasions when progress in training cannot be achieved because of events external to training and even though the trainee has remained in the workplace. This would result in a shorter period of time than expected having been available for training since the previous ARCP. In this situation, consideration would need to be given to training time being paused and the prospective core training or CCT/CESR end date being extended following ARCP review. The decision to pause training needs to be formalised with written agreement from the postgrad dean. (Pausing training not taken during foundation training)

The Ed Sup and trainee should discuss and be clear about the use of an educational portfolio. Regular help and advice should be available to the trainee to ensure that the portfolio is developed to support professional learning.

GMC guidance:

GMC has determined that within each 12 month period where a trainee has been absent for a total of 14 days or more (when they would normally be at work) this will trigger a review of whether the trainee needs to have their CCT date extended.

The administration of the absence and any extension to training will be undertaken by the relevant deanery in consultation with the relevant college/faculty where necessary. The GMC support deaneries implementing this guidance flexibly to reflect the nature of the absence, the timing and the effect of the absence on the individuals' competence. The GMC also support the use of targeted training to assist trainees in demonstrating the curriculum competencies without the need for an extension to training.

POST COVID GUIDANCE

NES

ARCP Planning:

Priority for ARCP will be given to those trainees who need to revalidate, trainees at a critical progression point (eg those reaching CCT, completing core training, those that need full GMC registration (FY1s) and trainees where a non standard outcome might be anticipated (outcomes 3 nd 4)

PYAs will be suspended

A comprehensive Ed Sup report is required to provide the ARCP panel with as much info as possible to inform a decision about the ARCP outcome especially if the number of assessors involved in ARCP panel is reduced to a minimum.

The face to face part of the ARCP process involving trainees with a non standard outcome will be undertaken using videoconference or telephone.

Trainee progression and revalidation should not be adversely affected by any changes to the ARCP process.

When arriving at an ARCP outcome panels will take into account the impact of the COVID-19 pandemic. This will include:

- A more flexible approach to the available evidence including WBPAs
- A flexible approach to time off due to illness or meeting isolation requirements

The gold guide reference group will provide specific guidance for ARCPs during the pandemic period as to flexibility on using outcomes 1 and 2 to accurately reflect satisfactory progress when competences are outstanding due to COVID-19. IT would be expected that these competencies could be made up later int raining without delaying progression to the next stage of training.

Support update:

Doctors in OOP and SCLF posts are being contacted to allow them to be redeployed.

JRCPTB:

CMT: For those trainees who were needing to pass part 2 written MRCP and/or PACES to enter ST3 post in August 2020 but who have passed MRCP part 1 an agreement has been reached that they will be able to take up ST3 posts in the relevant medical specialties. (but will need MRCP to progress into ST4). Consideration should also be given to allowing trainees to progress to HST if they had an ARCP outcome 3 if the reason for their failure to meet the curricular requirements were related to issues arising out of the current situation. Such trainees will be reviewed on an individual basis by

the head of school and/or deputies where they undertook their CMT training. The decision and requirements will be documented in the e-portfolio as a specific uploaded form.

Trainees would be required to demonstrate the missing curricular elements during their ST3 year. The criteria used to determine if such trainees should progress to HST will be whether or not the missing curricular elements have been attributable to the current COVID-19 situation.

IMT: Progression to IMTY2 will be dependent on a satisfactory ARCP (likely this ARCP process will be modified). ARCP must recognise that the trainee may not have been able to gain all the necessary experiences or indeed completed an adequate number of SLEs and WBPAs that would normally be required. It is strongly recommended that the ARCP should be light touch. To that end the following should be assessed:

- Whether the trainee is felt to have engaged with the training process and has some evidence of this in the e-portfolio. The evidence required should include:
    - Completion of at least some of the necessary SLEs and WBPAs
    - Evidence of an MSF that has adequate raters and is positive in tone
    - An Ed Sup report that is supportive of the trainee and which will also have at least one MCR supportive of it's conclusions. Trainees should be aware that if there are discrepancies the availability of a further MCR may be required.

HST: Progress in specialty training will still rely on ARCP and trainees should again be able to progress where there has been evidence of obvious engagement as noted above. In those specialties where there are specific practical capabilities that are critical to progression to CCT the trainee must review with their Ed Sup whether these can be achieved within the anticipated training time that is left or whether extension to training should be sought. Where relevant the SCE will be important. It is strongly felt that trainees should not progress to CCT without passing the SCE, without this it is suggested they should receive an extension to their training period to allow for further exam attempts.

OOP: Trainees should discuss with their supervisor about the best course of action to take. For any that do suspend their OOP time to return to clinical training we would look at supporting individuals to resume their OOP as soon as possible as the present pandemic resolves.

Trainees who develop COVID-19 and lose time from training as a consequence:

No trainee should be disadvantaged by such circumstances and progression will be based on the evidence of trainee development and progression to date. Affected trainees must have shown prior engagement with the training progress and have some evidence of this in the e-portfolio. Such evidence will include completion of at least some of the necessary SLEs and WBPAs.

In assessing all trainees it is likely to be very clear that many of the generic skills that we look for in doctors in training will come to the fore as they help to manage the many patients who may present to the hospital during this pandemic. While it is very clear that there will be specialty specific clinical capabilities that will need to be acquired by a trainee there should be a significant attempt made to recognise their progression in the generic capabilities in practice as they apply themselves to the

clinical work in this extremely trying time. It is critically important that they do not feel isolated, that they have ready access to senior members of the team who can support decision making and that they feel part of a mutually supportive team. All trainees should have the ability to discuss their clinical experiences in a clinical forum.

CPD: We are supporting a flexible approach to CPD requirements for the remainder of the current year and in addition the next CPD year. OF greater importance than the number of credits is evidence of engagement with the process.

UKFPO updated 2020 requirements:

Completion of 12 months F1 training:

The max permitted absence from training other than annual leave is 20 days (when the doctor would normally be in work) within ach 12 month period. Where the absence goes above 20 days this will trigger a review by the foundation school director or deputy who will decide whether they need to have an extra period of training based on their overall performance.

FY1 and FY2 educational requirements:

A satisfactory end of year report by FPTD. End of placement reports by Ed Sup for 1st and 2nd posts. All FP curriculum outcomes must be signed off by Ed Sup. Minimum one TAB. No mandatory number of core procedures. At least four MINICEX/DOPS (3 at least must be minicex). At least 2 CBD. No mandatory developing teacher form. Must have passed PSA within last 2 years (F1). FY1: If no valid ILS cert then Ed Sup must state that trainee has adequate experience in managing acutely ill patients. FY2: If no valid ALS Ed Sup must state has adequate experience managing acutely ill patients. No mandatory involvement in QI. Must have logged minimum 30 hours during the year there is no requirement for this to have been a specific type of teaching.