ARCP Outcomes in HEE working across Yorkshire and the Humber

Frequently Asked Questions v1 (12 April 2020)

1. What is an outcome 10?

An outcome 10 is a "no fault" outcome in which a trainee who is progressing normally as defined by their competency acquisition prior to COVID-19 pandemic but they have certain competencies which have been delayed due to the impact of the COVID-19 pandemic. For example, cancellation of a course or exam, redeployment, reduced clinical experience and lack of availability of trainers to complete assessments, etc.

It is important to check the Royal College/SAC decision aid to see if compensatory evidence can be used as this may mean that an outcome 1 can be awarded. An outcome 10 should only be awarded if there are outstanding competencies for which no compensatory evidence is described.

It is important to explain why the trainee was awarded an outcome 10. Supplementary C codes should be used to do this (see Question 8: *What are the C codes for?*).

2. What is an outcome 10.1?

There are competencies that could not be acquired due to the COVID-19 pandemic, but the trainee can progress to the next stage of training and has until their next ARCP to achieve these competencies. Outcome 10.1 is a "no fault" outcome.

It is important to check the Royal College/SAC decision aid as some previous "gateway competencies" (e.g. exams) are no longer a progression limiting step and may not require an extension to training so that an outcome 10.1 can be awarded. This is the situation for completing the majority of core training programmes.

See Question 6: *If a trainee is on an outcome 3 at the end of core training, and the objectives of that outcome 3 are unachievable due to COVID-19, what outcome do they get?*

3. What is an outcome 10.2?

It is simpler to think of this as an outcome 3 due to the COVID-19 pandemic and it should be used when the trainee is at a critical progression point. There are competencies that could not be acquired due to the COVID-19 pandemic, and training needs to be extended to acquire them. As this is a "no fault" outcome and it is <u>not</u> an outcome 3, a training extension on Outcome 10.2 does not contribute to the duration of permitted extension on an outcome 3.

It is important to check the Royal College/SAC decision aid as some previous "gateway competencies" (e.g. exams) are no longer a progression limiting step and may not require an extension to training so that an outcome 10.1 can be awarded. This is the situation for completing the majority of core training programmes, but not pre-CCT.

A trainee still requires all the relevant competencies for CCT. The specialty may have defined compensatory evidence for some competencies but is unlikely to have done this for all exams. In this case an extension is required and an outcome 10.2 should be awarded.

See Question 6: *If a trainee is on an outcome 3 at the end of core training, and the objectives of that outcome 3 are unachievable due to COVID-19, what outcome do they get?*

4. The trainee does not have an Educational Supervisor report, what should we do?

If this is due to COVID-19 pandemic the Royal College/SAC may have defined what is acceptable. As a minimum there should be a statement from an experienced educator (e.g. TPD) giving an assessment of the overall progression compared to curriculum requirements.

This should reference the WPBAs, CS comments and any reports prior to COVID-19 pandemic. They should give a holistic assessment, including the team's view of the trainee progression, including the General Professional Capabilities (GPCs).

5. If a trainee is on an outcome 1 or 2 at the end of core training and the only competency they do not have is their exam, what outcome do they get?

It is important to check the Royal College/SAC decision aid as some previous "gateway competencies". For example, some Colleges/SACs have defined that certain exams are no longer a progression limiting step and may not require an extension to training so that an outcome 10.1 can be awarded.

6. If a trainee is on an outcome 3 at the end of core training, and the objectives of that outcome 3 are unachievable due to COVID-19, what outcome do they get?

As the trainee is already on an outcome 3, there were pre-existing concerns and their career progression trajectory is not normal and their training clock has stopped. It cannot be re-started without achieving the competencies that stopped the clock. The outcome should reflect the COVID-19 pandemic so they should therefore be given an outcome 10.2 and their training time extended. This is not an outcome 3 and so the duration of this extension is not counted towards the total extension time on an outcome 3.

7. What outcome should be given to a trainee at the end of core training who is not moving into a higher training post?

It is exactly the same as if they had a post to go to. Their future employment status is not part of the decision-making process for an ARCP outcome, it may be a consequence of the ARCP outcome.

If the trainee is awarded an outcome 10.2, the trainee can resign if they do not wish to take up their extension. The acquisition of missing competencies outside training is the same as during normal times:

- The trainee can pass exams outside training, and these are recognised on re-entry into a training programme.
- The trainee can attend a required course outside training, and this is recognised on re-entry into a training programme.
- The trainee cannot acquire other curriculum competencies outside a training programme.

Applicants who wish to apply to specialty training in a future recruitment round will be subject to the requirements of the person specification of their chosen specialty which is in place at that time, and the reapplication to specialty training process. National person specifications are reviewed on an annual basis and any amendments are subject to sign off by the relevant recruitment governance structures.

8. What are the C codes for?

These are used to clarify why a trainee was awarded an outcome 10. More than one C code can be used to describe the circumstances of the trainee.

9. The trainee was not redeployed outside their parent specialty, but they could not gain the relevant experience due to service changes; what C code should be used?

This is not uncommon in many specialties (e.g. where elective surgery/procedures have been cancelled or where the case mix of patients has changed significantly). Some Royal Colleges/SACs have defined this in their decision aids.

If the trainee has remained within the same specialty area within their parent specialty, then a C12 is appropriate and "trainee could not acquire appropriate curriculum-related experience due to service changes from COVID-19" written in the description.

If the trainee has moved from a subspecialty area back to general area within their parent specialty (e.g. an EM trainee moving from Paediatric EM to general adult EM) then that is being classed as redeployment and the C3 code is appropriate.

10. When should we give an outcome 2 or 3?

These should be given in exactly the same circumstances as normal when there are competencies which <u>could</u> have been acquired even during the COVID-19 pandemic. If you are unsure then please ask the senior educator available to support the ARCP panel.

11. Why is the Form R mandatory when revalidation has been paused?

The Form R for use during COVID-19 pandemic is a newly designed electronic form that consists of two parts:

- The first part is recognisable as the Form R and includes the declarations of whole scope of practice. This is important for now and subsequent ARCPs.
- The second part is a trainee self-declaration form. This is where the trainee self-assesses their progress and documents the impact of Covid-19 pandemic on their training. They can document what additional training they may need. It includes the ability to document the need for wellbeing support.

This new Form will be used by the ES to inform their report and by the ARCP panel to inform their decision making. The trainee must send it to their ES and upload it to their portfolio.

12. The Trainee has not got all their evidence because of COVID-19, does this mean that they get an outcome 5?

No. An outcome 5 is only issued when the necessary evidence is known to exist already but is not present. It is accepted that because of the COVID-19 pandemic, normal evidence may not exist. Therefore, the minimum evidence is an educational supervisor's report (see Question 1: *What is an outcome 10?*) and the electronic Form R, which includes the trainee self-declaration.

If there is no educator report/statement of any kind, then the ARCP panel must make a global holistic judgement which is aligned to the requirements of the Royal Colleges and the Gold Guide. Royal Colleges/SACs have been asked to redefine the minimum evidence for progression and how that is referenced on their educator report/statement. This will govern whether the trainee is awarded an outcome 1, 10.1, 10.2, 2 or 3. If the panel makes a decision and awards either an outcome 10.1 or 10.2 then the C6 code should be used – incomplete evidence (e.g. trainee unable to obtain supervisor reports).

If the panel feel that they cannot award an outcome, then an ARCP cannot be held and code N13 entered and a new date set. If the ARCP has been defined as "essential" then this should be set for the near future and the trainee given 2 weeks to upload an Educational supervisor/Educator report. If it is not "essential" then it can be set so that it is held within the first three months of the next training year. It must be no more than 15 months since the last ARCP.

Thus, an outcome 5 should only be awarded if there is no Form R/Self-Declaration.

Form R (Part B)

Self-declaration for the Revalidation of Doctors in Training

IMPORTANT:
If this form has been pre-populated by your Deanery/LETB, please check all details, cross out errors and write on amendments.
By signing this document you are confirming that ALL details (pre-populated or entered by you) are correct.
It remains your own responsibility to keep your Designated Body, and the GMC, informed as soon as possible of any change to your contact details. Your Deanery/LETB remains your Designated Body throughout your time in training. You can update your Designated Body on your GMC Online account under 'My Revalidation'.

Section 1: Doctor's details

Forename:			GMC-registered surname:		
GMC Number:		**Date of Birth:**		**Gender:**	
Telephone:		**Primary contact email address:**			

Current Deanery/LETB:	
Previous Designated Body for Revalidation (if applicable):	

Date of <u>previous</u> Revalidation (if applicable):	

Programme/ Training Specialty:		Dual specialty (if applicable):	

Section 2: Whole Scope of Practice

Read these instructions carefully!

Please list all placements **in your capacity as a registered medical practitioner** <u>since your last ARCP/RITA or appraisal.</u> This includes: (1) each of your training posts if you are or were in a training programme; (2) any time out of programme, e.g. OOP, mat leave, career break, etc.; (3) any voluntary or advisory work, work in non-NHS bodies, or self-employment; (4) any work as a locum. For locum work, please group shifts with one employer within an unbroken period as one employer-entry. Include the number of shifts worked during each employer-period. *Please add more rows if required, or attach additional sheets for printed copy and entitle 'Appendix to Scope of Practice'.*

Type of Work (e.g. name and grade of specialty rotation, OOP, maternity leave, etc.)	Start date	End date	Was this a training post? Y/N	Name and location of Employing/ Hosting Organisation/GP Practice (Please use full name of organisation/ site and town/city, rather than acronyms)

Number of days of TOOT: **days**	**TIME OUT OF TRAINING ('TOOT')** Self-reported absence whilst part of a training programme <u>since last ARCP/RITA</u> (or, if no ARCP/RITA, since initial registration to programme). Time out of training should reflect days absent from the training programme and is considered by the ARCP panel/Deanery/LETB in recalculation of the date you should end your current training programme.

TOOT should include:	TOOT should **not** include:
✓ short- and long-term sickness absence	X study leave
✓ unpaid/unauthorised leave	X paid annual leave
✓ maternity/paternity leave	X prospectively approved Out of Programme Training/Research (OOPT / OOPR)
✓ compassionate paid/unpaid leave	
✓ jury service	X periods of time between training programmes (e.g. between core and higher training)
✓ career breaks within a programme (OOPC) and non-training placements for experience (OOPE)	

Section 3: Declarations relating to Good Medical Practice

These declarations are compulsory and relate to the Good Medical Practice guidance issued by the GMC.

Honesty and Integrity are at the heart of medical professionalism. This means being honest and trustworthy and acting with integrity in all areas of your practice, and is covered in Good Medical Practice.

A statement of **health** is a declaration that you accept the professional obligations placed on you in Good Medical Practice about your personal health. Doctors must not allow their own health to endanger patients. Health is covered in Good Medical Practice.

1) I declare that I accept the professional obligations placed on me in Good Medical Practice in relation to honesty and integrity.

Please tick/cross here to confirm your acceptance ☐

* If you wish to make any declarations in relation to honesty and integrity, please do this in Section 6.

2) I declare that I accept the professional obligations placed on me in Good Medical Practice about my personal health.

Please tick/cross here to confirm your acceptance ☐

3a) Do you have any GMC conditions, warnings or undertakings placed on you by the GMC, employing Trust or other organisation?

Yes ☐ - Go to Q3b
No ☐ - Go to Q4

3b) If YES, are you complying with these conditions/ undertakings?
Yes ☐ - Go to Q4

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4) Health statement – Writing something in this section below is **not compulsory**. If you wish to declare anything in relation to your health for which you feel it would be beneficial that the ARCP/RITA panel or Responsible Officer knew about, please do so below.

Section 4: Update to previous Form R Part B – If you have previously declared any Significant Events, Complaints or Other Investigations on your last Form R Part B, please provide updates to these declarations below.

Please **do not** use this space for new declarations. These should be added in Section 5 (New declarations since your previous Form R Part B).

Please continue on a separate sheet if required. Title the sheet 'Appendix to previous Form R Part B update', and attach to this form.

Section 5: New declarations since your previous Form R Part B

Significant Event: The GMC state that a significant event (also known as an untoward or critical incident) is any unintended or unexpected event, which could or did lead to harm of one or more patients. This includes incidents which did not cause harm but could have done, or where the event should have been prevented. All doctors as part of revalidation are required to record and reflect on Significant events in their work with the focus on what you have learnt as a result of the event/s. Use non-identifiable patient data only.

Complaints: A complaint is a formal expression of dissatisfaction or grievance. It can be about an individual doctor, the team or about the care of patients where a doctor could be expected to have had influence or responsibility. As a matter of honesty and integrity you are obliged to include all complaints, even when you are the only person aware of them. All doctors should reflect on how complaints influence their practice. Use non-identifiable patient data only.

Other investigations: In this section you should declare any on-going investigations, such as honesty, integrity, conduct, or any other matters that you feel the ARCP/RITA/Appraisal panel or Responsible Officer should be made aware of. Use non-identifiable patient data only.

Please continue on a separate sheet if required. Title the sheet 'Appendix to new declarations', and attach to this form.

**REMINDER: DO NOT INCLUDE ANY PATIENT-IDENTIFIABLE INFORMATION ON THIS FORM

1) **Please tick/cross ONE of the following only:**

   - **I do <u>NOT</u> have anything new to declare since my last ARCP/RITA/Appraisal** ☐

   - **I <u>HAVE</u> been involved in significant events/complaints/other investigations since my last ARCP/RITA/Appraisal** ☐

2) **If you know of any <u>RESOLVED</u> significant events/complaints/other investigations since your last ARCP/RITA/Appraisal, you are required to have written a reflection on these in your Portfolio. Please identify where in your Portfolio the reflection(s) can be found.** *(Add additional lines if required)***.**

Significant event: ☐   Complaint: ☐   Other investigation: ☐

Date of entry in Portfolio _____   Title/Topic of Reflection/Event _____

Location of entry in Portfolio _____

Significant event: ☐   Complaint: ☐   Other investigation: ☐

Date of entry in Portfolio _____   Title/Topic of Reflection/Event _____

Location of entry in Portfolio _____

Significant event: ☐   Complaint: ☐   Other investigation: ☐

Date of entry in Portfolio _____   Title/Topic of Reflection/Event _____

Location of entry in Portfolio _____

3) If you know of any <u>UNRESOLVED</u> significant events/complaints/other investigations since your last

A Guide to ARCPs 2020

The difficulties for trainees and trainers in preparing and providing evidence for the ARCPs during the COVID-19 pandemic has been recognised by the four Statutory Education Bodies (HEE, NES, NIMDTA and HEIW) in their most recent ARCP Decision Aid.

The 2020 ARCPs will be held to the standards outlined in the 8th Edition of the Gold Guide (GG8), but we will be doing this in a modified format.

Purpose

The purpose of the ARCP is unchanged: to review the evidence provided by the trainee and their Educational Supervisor and assess whether the trainee is gaining competencies at the expected rate, and to decide whether the trainee is ready to progress to their next year of training or, at the end of ST7, complete training.

It is hoped that all trainees will have an ARCP at the usual time. Where this is not possible, due to limitations on available Faculty, resources should be concentrated on those at critical progression points: (i) end of ST2, (ii) end of ST3, (iii) end of ST6 (or before commencement of TSC), (iv) end of ST7, and for those where training difficulties have been identified.

Where Heads of Schools and TPDs identify that it will not be possible to deliver ARCPs for all of their trainees, they should advise the College that this will be the case. An ARCP will need to be scheduled for the affected trainees as early as possible, once Faculty again becomes available. The ARCP Outcome form should still be completed for every trainee at the initial planned ARCP date and the non-assessment code N13 selected.

Panel

Due to the exceptional circumstances, it has been agreed by the Postgraduate Deans that the ARCP process can be delivered remotely, by video-conference, telephone or similar. A panel can comprise only 2 members (although where Faculty is available Schools may choose to proceed with the usual 3 members): one member should be the Head of School (HoS), Training Programme Director (TPD) or Associate Dean (AD). The second member may be a retired Faculty member or an Educational Supervisor (ES). Please note the usual guidance applies that this must not be the ES of the trainee being considered. No Lay representation or external assessor is required.

Outcomes

Non-assessments
Where an ARCP has not been delivered the appropriate N code is selected: N1 for sick leave, N2 for parental leave, etc.
Where an ARCP has not been delivered because of limited Faculty availability due to the COVID pandemic, N13 (other reason) is selected and specified as 'COVID-19'. In this situation the trainee can progress to their next year of training but an early ARCP must be arranged, so the progression can be reviewed and an Action Plan defined

to inform the trainee's Personal Development Plan. An ARCP must take place within the first 3 months of the start of the next year of training.

New COVID Outcomes 10.1 and 10.2
These two new Outcomes have been introduced for 2020 in recognition that the outcome of an ARCP may be affected by COVID-19 through 'no fault' of the trainee. It is expected these will be the most commonly awarded Outcomes this year, although use of the usual GG8 Outcomes Is encouraged, where they are applicable (see below).
Where an Outcome 10 is used, as many ARCP Supplementary C codes as are pertinent should be used to describe the reason for granting the Outcome 10, so the circumstances for failing to achieve all competencies are clear.

Outcome 10.1
This will be awarded where progression had been at the expected rate, but acquisition of some capabilities has been delayed by the impact of the COVID-19 pandemic. This might include examinations, Workplace Based Assessments (WBAs), surgical or clinical experience.

It is described below (see **Evidence**) how the RCOphth has determined that the acquisition of mandatory competencies can be delayed by 1 year for ST1-ST6. In addition, as it is appreciated that many trainees undertake more of their WBAs in the latter half of the year, the RCOphth will not require a pro-rata set of WpBAs for true training time undertaken in the specialty.

As long as there is evidence of engagement with the portfolio, and Educational and Clinical Supervisor reports indicate that expected progression had been seen prior to the COVID-19 pandemic and deficiencies in the portfolio are secondary to that, an Outcome 10.1 can be awarded.

Awarding an Outcome 10.1 means that the trainee progresses to their next year of training. No additional training time is added. However, it acknowledges that not all competencies have been demonstrated and that it might be necessary to extend training time at a subsequent ARCP, if the trainee is unable to catch up.

When an Outcome 10.1 is awarded, it is important that the competencies to be developed by the next ARCP are recorded on the ARCP Outcome form, together with the planned time scale for this (which can be 12 months where the panel are happy with this).

Outcome 10.2
This will be awarded where progression had been at the expected rate, but acquisition of some capabilities has been delayed by the impact of the COVID-19 pandemic; this might include examinations, WBAs, surgical or clinical experience. Additional training time is required at this stage because the trainee is at a critical progression point.

It is expected that this Outcome will mainly apply in ST7 for Ophthalmology, as for all other training years ARCP requirements have been delayed. It may, on occasion, need to be used in ST6 (or prior to the TSC) where remaining competencies cannot be achieved in the TSC period and additional training time is therefore required before embarking on it.

Again, to award an Outcome 10.2, evidence of engagement with the portfolio must be seen and Educational and Clinical Supervisor reports must indicate that expected progression had been seen prior to the COVID-19 pandemic and deficiencies in the portfolio are secondary to that.

Awarding an Outcome 10.2 means that the training clock stops for the period agreed by the panel.

When an Outcome 10.2 is awarded, it is important that the competencies to be developed by the next ARCP are recorded on the ARCP Outcome form, together with the planned time scale for this.

Timely feedback should be given to the trainee by a member of the Training Committee and necessary support put in place. Plans for completion of training to gain CCT or progress to TSC should be discussed.

Outcome 1
It is possible that some trainees will have achieved all of their required examinations, WpBAs, surgical numbers and clinical experience. In this case an Outcome 1 can be given.

Please note: where a trainee has been in a special interest rotation and they have not achieved the planned exposure to that special interest, it is recommended an Outcome 10.1 is given, even if the WpBAs (both those required for the stage of training and those specific to the special interest) have been completed. This decision will be informed by the CSRs.

Outcome 2
Where concerns are raised in the Educational and Clinical Supervisor reports that are not linked to the COVID-19 pandemic, and these are acknowledged by the trainee as such (refer to the Trainee's 'self declaration form'), an Outcome 2 can be given in the usual way, in line with the GG8. This will not result in any additional training time. As usual, with an Outcome 2 the requirements to be completed by the following ARCP must be specified (with SMART objectives).

Timely feedback should be given to the trainee by a member of the Training Committee.

Outcome 3
Where concerns are raised in the Educational and Clinical Supervisor reports that are not linked to the COVID-19 pandemic (also refer to the Trainee's 'self declaration form') and additional training time is necessary, this can be given in the usual way, in line with the GG8. This might include training needs previously identified with the award of an Outcome 2 or 3 at a previous ARCP.

Where a trainee has been awarded an Outcome 3 previously, and their ESRs and CSRs indicate that progression has been acceptable up to the point of the COVID-19 pandemic impacting, it may be possible to award an Outcome 10.1 (or in ST7 an Outcome 10.2). Careful documentation should be made on the ARCP outcome form of the remaining competencies and/or additional evidence required when this will be reviewed at the next ARCP (usually 6 months).

Timely feedback should be given to the trainee by a member of the Training Committee.

Outcome 4
As trainees will not have had the benefit of the full extension of training time to address any training needs, it will be unusual for an Outcome 4 to be awarded, but there may be particular circumstances where this is applicable. Senior Deanery advice should be sought in these cases.

Timely feedback should be given to the trainee by a member of the Training Committee.

Outcome 5
There will be no outstanding examination results, so it is not expected that an Outcome 5 will be awarded in 2020.

Outcome 6

It is possible that some ST7 trainees will have achieved all of their required examinations, WpBAs, surgical numbers, clinical experience in all specialties and other generic portfolio requirements. In this case an Outcome 6 can be given. It will be acceptable to award an Outcome 6 in the absence of an MSF for ST7 (see guidance below) and with a minimum of 5 CbDs for ST7. All other curricula requirements MUST be present. Success at both the written and clinical Part 2 FRCOphth remain a requirement for an Outcome 6.

Where there are some outstanding competencies an Outcome 10.2 should be awarded, to allow additional training time.

Given the way in which training and preparation for consultant posts in the UK is delivered, some trainees at the end of ST7 will have completed curricula competencies and can be awarded an Outcome 6 but will not have received the benefit of advanced training during their **Trainee Selected Component (TSC)** due to service disruption. The College would be supportive of additional TSC training being delivered in the Period of Grace (PoG). Where necessary, additional posts for TSC opportunities may need to be created.

Outcome 8

Trainees undertaking Out of Programme (OOP) experience this year may be awarded an Outcome 8, where they have remained OOP and have provided the required reports from their supervisor. (This may have occurred, for example for some Leadership fellows, who have continued to gain Leadership experience in this time.)

It will be more usual that research or other experience has been disrupted due to the COVID-19 pandemic. In this situation an Outcome 10.1 should be awarded on receipt of a report from the (research) supervisor confirming satisfactory progression of the trainee's project prior to the disruption caused.

The College will be supportive of Trainees on OOP applying to their Post Graduate Deans to extend their OOP period to compensate for the loss of experience during the disruption caused. For those in research, this may also be dependent on their grant awarding body agreeing to extend their period of funding.

Recording the Outcome in the e-Portfolio

There is likely to be a bespoke ARCP Outcome form provided by the Statutory Education Bodies this year to ensure that the new ARCP Outcomes are properly captured and the recorded in the Trainee Information System and by the GMC.

While this new form will need to be completed, it is still also essential that the online ARCP Outcome form on the RCOphth e-Portfolio is completed. Without this the portfolio system will not create a new record for the training period 2020-21. Outcome details in the portfolio will also be easily available to the trainee, Educational Supervisor and subsequent ARCP panel. **See Appendix 3 on how to complete the online ARCP Outcome form in case of an Outcome 10.**

Reviews and Appeals

Trainees may request a review of Outcome 10.1 and Outcome 2. (GG8:4.614-4.615) They may also request a review and subsequently appeal against Outcome 10.2 and Outcome 3 and 4. (GG8:4.166-4.179). For more details please see COVID-19 Appeal process document.

Evidence

Educational Supervisor Report (ESR) and Clinical Supervisor Report (CSR)

A minimum of 2 **CSRs** from first 6-month period is required.
A minimum of 1 **CSR** from second 6-month period is required.

Trainees redeployed may have had a Clinical Supervisor for even a few weeks in Ophthalmology who can complete an assessment for them, others may have a clinical supervisor(s) in their redeployment who can contribute to some sections of the form. This is a good potential opportunity for feedback about Generic Professional Capabilities (GPCs). If this is required, trainees can request the College to create ad hoc accounts for any non-ophthalmology supervisor.

It is not expected that the clinical supervisor will be able to 'sign off' a special interest period where the trainee has had limited experience and opportunity, but it is important that some record is made of the stage the trainee is at.

An **ESR** from each 6-month period is required.

Although, the second 6-month period will/might not include the usual data, it is important to have some representation from this period.
The ESR should be clear about the progress the trainee has made against curricula requirements and where not all capabilities have been achieved. **There should be a clear statement about whether this was due solely to the COVID-19 pandemic, or whether there are other trainee-related factors.**

Reflections
Trainees are encouraged to include reflections in their portfolio in the usual way. Where they have been redeployed or working in a different way within ophthalmology departments, they may be able to reflect on the experience and how their GPCs have developed. The capabilities can be mapped to the appropriate curriculum learning outcomes.

Examinations
Where a trainee has failed to achieve an examination usually necessary to progress to the next stage of training, an Outcome 10.1 can be awarded and it should be recorded in the Action Plan that success in the examination will be necessary evidence at the next ARCP (usually in 12 months). If the examination is not achieved by that time, extension of training will then be required.

Both the written and clinical Part 2 examination are required for an Outcome 6. If the trainee does not have both parts of the examination by the end of ST7, they will require an Outcome 10.2 to extend their training to the next exam sitting.

Evidence of progression in surgery
There will be no required number of completed cataract procedures for progression to ST3 (but more than 50 completed cataracts should be recorded as necessary for an Outcome 1 at the subsequent ARCP at the end of ST3). The CSR is important in assessing progression with surgery. Where this raises concerns that are not specifically related to the COVID-19 disruption, consideration should be given to an Outcome 2 or 3. This would also be true of other training years, where there are no numerical requirements in the curriculum.

The minimum number of 350 completed cataract procedures, 20 strabismus procedures, 40 oculoplastic procedures, 30 glaucoma procedures and 40 retinal laser procedures for an Outcome 6 remains unchanged, as these are the curricula requirements approved by the GMC for CCT. In exceptional circumstances, if there are 1 or 2 surgical procedures missing from a single category in an otherwise completed portfolio, it would be possible for the Training Committee to consider recommendation for CCT.

The audit of 50 consecutive cataracts is still required for CCT. Where the audit was underway and has been disrupted by the COVID pandemic, the audit can be recommenced once surgery restarts or else cases prior to the period of the audit can be added retrospectively (as long as the cases considered are consecutive).

Case based Discussions (CbDs)

There will be no specific numerical requirement to achieve an Outcome 10.1 this year, though no evidence of engagement with the portfolio prior to the COVID-19 period would be a cause for concern. We suggest that any CbDs missing from the usual 10, do not automatically have to be added to the requirement for the next years ARCP, as this may lead to an unnecessarily large burden. For trainees in their later years of training, and who should have been undertaking a special interest attachment during this time, we would suggest that they do undertake some CbDs in this special interest area at some point during their training period, but these can be done as a proportion of the required 10 in a subsequent year.

CRS, DOPS, OSATS

There will be no specific numerical requirement to achieve an Outcome 10.1 this year, though no evidence of engagement with the portfolio prior to the COVID-19 period would be a cause for concern. Any missing CRS, DOPS and OSATS should be recorded on the Action Plan to undertake in the next year of training, and an Outcome 1 at the ARCP at the end of this time will be dependent on the WpBAs being up to date at that point.

Where WpBAs are repeated on an annual basis, e.g. CRS1, OSATS1, we would suggest that the 'missing' WpBAs are undertaken at the beginning of the next training period (they will be particularly useful as a formative assessment following a break in ophthalmology training).

MSF

Where it was not possible to complete an MSF in the latter part of the training year, an Outcome 10.1 can still be awarded, if there are no other issues identified. It will **not** be necessary to undertake an additional MSF in subsequent training time.

Where an MSF has been undertaken it should be reviewed and considered by the panel in the usual way.

Where an MSF is the only missing evidence at an ST7 ARCP, an Outcome 6 can be awarded providing the previous MSF had indicated no unresolved issues.

Other evidence

Other evidence used to demonstrate competencies in the Domains 10, 11, 12 and 13 of the curriculum, such as QIP projects, audit, research, CPD, letters of thanks or complaints should be considered in the usual way. There will be no specific requirement for an Outcome 10.1 and it would not be expected by the College that there would be a need for additional 'catch up' activity to be undertaken in the subsequent year. However, where a concern, or need for action is identified by the ARCP panel, this should be recorded in the Action Plan on the ARCP outcome form.

Self-declaration form

Trainees will be required to complete a self-declaration form (HEE only) to self-assess their progress and provide details of how their training may have been impacted by COVID-19. This includes a 'trainee check-in' section, which will allow trainees to indicate whether they require any additional training or support. They should list the curriculum requirements not achieved to assist the panel. This will inform the PDP going forward. This will be combined with the form R and should be uploaded to the e-Portfolio.

Progression

It is hoped that, in most cases, trainees will be able to progress to their next year of training on an Outcome 10.1. This will not automatically extend their training time, but acknowledges that the COVID-19 pandemic has resulted in some competencies still to be achieved and that progress will be reviewed at a subsequent ARCP.

See Appendix 1 – RCOphth ARCP 2020 – required evidence grid.

Returning to training

Returning to ophthalmology training, particularly after a period of redeployment or absence, will be a challenge to many trainees. Some will have had a difficult experience, while others may have flourished in a challenging environment. Many will experience skill and knowledge decay as a result of their period of absence. They are likely to be returning to a training environment quite different from that we have previously known and there will be new and different demands on their trainers as individuals and the service as a whole.

Educational Supervisors should meet with their trainees early (prior to the return to training date if possible) to plan their return to work. It should be acknowledged that a period of increased supervision may be required for areas in which the trainee was previously independent. Simulation is likely to be helpful particularly for practical skills.

Particular attention should be paid to developing the **Personal Development Plan (PDP)** with the trainee, which will be a useful reference for the next ARCP panel. The PDP should be prepared based on the requirements noted at the ARCP (the Educational Supervisor and the trainee should both review the Outcome form), areas identified by the trainee and supervisor as needing additional attention following the absence and the usual aims of the year of training. It should be acknowledged that although an Outcome 10.1 does not automatically add time to training, this will be reviewed at the next ARCP and training time can be added where necessary.

Relevant areas of the PDP should be shared with the new Clinical Supervisors and, where adjustments to training opportunities may be required, with College Tutors and TPDs.

Attention should be paid to the personal wellbeing of the trainee. Signposting to appropriate supportive resources provided by both the employer and the Statutory Education Body local office ('Deanery') may be helpful.

Moving into TSCs, Fellowships and Acting Up as Consultant posts

TSCs
More information to follow in this section when we have clarity from the four Statutory Education Bodies.

It has been a previous recommendation that trainees should achieve their curricula requirements before embarking on a period of TSC.

It would be anticipated that trainees could move into planned TSCs, providing that only a few competencies remained and there were no significant concerns in their training such that an outcome 2 or 3 was awarded. The new Clinical and Educational Supervisors would need to provide assurance that these remaining training needs could be addressed alongside their special interest experience (it is acknowledged there will be a degree of compromise in this solution.) The TPD should use the Training Recovery Plan form (**see Appendix 2**) to document this.

An Outcome 10.1 should, therefore, not prevent a trainee entering a planned TSC as long as there is a suitable PDP and engagement from the TSC supervisors. The latter should confirm that the requirements for the trainee to catch up are deliverable whilst the trainee is undertaking the TSC.

Where it is not possible to address remaining training needs in the TSC post there are two options:

> 1) Shorten the TSC period (for example by 3 months) – this allows the trainee to continue in a training post on an Outcome 10.1 to attain their remaining competencies before commencing their shortened TSC.
> 2) Award an Outcome 10.2 to stop the training clock while the trainee attains their remaining competencies, before they commence the full planned term of their TSC.

The most appropriate option is likely to be influenced by local training opportunities. Additional TSC posts may need to be created to facilitate this and trainees who would have completed and left their TSCs being granted additional time.

It should be remembered that the TSC is not a curricula requirement for an Outcome 6.

The PoG refers to time remaining in a training programme after an Outcome 6 has been awarded. Where ST7 trainees have achieved all their curricula requirements, but have had their TSC period significantly disrupted, they could be awarded an Outcome 6 and continue additional TSC training during the PoG. This will often be essential to prepare them for their subsequent Fellowship or Consultant post.

Acting Up as Consultant posts (AUC)
Where trainees have been appointed to consultant posts ahead of CCT, but are now not ready for Outcome 6, it may be possible to adapt their new post to be a suitably supervised Acting Up as a Consultant (AUC) post. This would allow training to be completed in this post. Appropriate support and supervision would be required and the Clinical Lead should ensure prior to the arrangement that the outstanding competencies/capabilities can be signed off in this period. The Training Recovery Form (**see Appendix 2**) should be used to document this.

Acting up as Consultant is approved for training in our specialty curriculum and is usually managed as part of the OOPT process for a maximum period of 3 months (GG8 3.166); in this current situation the local Postgraduate Dean may consider an exceptional extension to allow a longer period of AUC (GG8 1.12), and this should be discussed locally.

Fellowship posts

It is envisaged that a trainee wishing to progress to a Fellowship post yet without an Outcome 6 due to some outstanding competencies may be able to apply for Out of Programme Training (OOPT). Providing this is in an approved location for training, then the time and competencies achieved would count to training. However, it would be necessary for the Fellowship supervisors to ensure prior to the start that the outstanding competencies/capabilities could be signed off in this period. Further confirmation of this is required.

Trainees due to undertake overseas fellowships may not be able to travel or have to delay starts. They are able to apply to the College for consideration of time to count towards training as previously.

Appendix 1 – RCOphth ARCP 2020 – required evidence grid

Essential for Outcome 10.1 or Outcome 10.2 (COVID)

Additional evidence essential for Outcome 6

Progression Point	Form R and Trainee self-declaration form	Educational Supervisor Reports	Clinical Supervisor Reports	Examinations	CbDs	CRS, DOPS, OSATS	EPA1	MSF	Reflections	Surgical numbers	Other evidence	Clinical exposure
ST1 to ST2	Required	Minimum of 2 reports. 1 from each 6-month period confirming acceptable progression.	Minimum of 3 reports. 2 from 1st 6-month period, 1 from 2nd 6-month period confirming acceptable progression.	n/a	There is no minimum requirement for Outcome 10.1. However, it would be expected that a significant number of WBAs would have been completed early in ST1. Where this is not the case, the CS and ES reports should be used to guide the Outcome decision. Outstanding CRS, DOPS and OSATS should be documented in the Action Plan to be completed for the subsequent ARCP.	There is no minimum requirement for Outcome 10.1. However, it would be expected that a significant number of WBAs would have been completed early in ST1. Where this is not the case, the CS and ES reports should be used to guide the Outcome decision. Outstanding CRS, DOPS and OSATS should be documented in the Action Plan to be completed for the subsequent ARCP.	n/a	Not essential for an Outcome 10.1, but should be taken into account where present.	Reflections are encouraged and can be used to reflect on research, audit, CPD, letters of thanks or complaints should be considered in this time and mapped to the appropriate Learning Outcomes. There is no requirement, however.	n/a	Other evidence such as QIP projects, professional skills developed in the usual way. Where action is required in the subsequent training year, this should be recorded in the Action Plan.	Does the next planned post need to be adjusted? If so, add to the Action Plan.

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	Required									
ST2 to ST3	**Minimum of 2 reports.** **1 from each 6-month period confirming acceptable progression.**	**Minimum of 3 reports.** **2 from 1st 6-month period, 1 from 2nd 6-month period confirming acceptable progression.**	FRCOphth Part 1 - There is no minimum requirement for Outcome 10.1, but there should be evidence of engagement with the portfolio across all WBAs.	There is no minimum requirement for Outcome 10.1. Outcome 10.1, CRS, DOPS and OSATS should be documented in the Action Plan to be completed for the subsequent ARCP.	n/a	Not essential for an Outcome 10.1, but should be reflect on generic professional skills developed in this time and should still be mapped to the CS reports where the action is required in the subsequent training year, this should be recorded in the Action Plan.	Reflections are encouraged for 50 cataracts to award an Outcome 10.1. However, CPD, letters of thanks or complaints surgical progress should be considered in the usual way. Where action is required in the subsequent training year, this should be recorded in the Action Plan.	There is no requirement for 50 cataracts to award an Outcome 10.1. However, it should be added to the Action Plan, this should be recorded in the Action Plan. Outcome 10.1, CRS, DOPS and OSATS Learning Outcomes. There is no requirement, however.	Other evidence such as QIP projects, audit, research, CPD, letters of thanks or complaints should be considered in the usual way. Where action is required in the subsequent training year, this should be recorded in the Action Plan.	Does the next planned post need to be adjusted? If so, add to the Action Plan.
ST3 to ST4	**Minimum of 2 reports.** **1 from each 6-month period confirming acceptable progression.**	**Minimum of 3 reports.** **2 from 1st 6-month period, 1 from 2nd 6-month period confirming acceptable progression with the evidence of engagement with the portfolio across all WBAs.** **Action Plan for ST4.**	Refraction Certificate - There is no minimum requirement for Outcome 10.1, but there should be evidence of engagement with the portfolio across all WBAs.	Outcome 10.1 can be achieved but there should be CRS, DOPS and OSATS Outcome 10.1. Outcome 10.1, CRS, DOPS and OSATS should be documented in the Action Plan to be completed for the subsequent ARCP.	n/a	Not essential for an Outcome 10.1, but should be used to reflect on generic professional skills developed in this time and mapped to the usual way. Where action is required in the subsequent training year, this should be recorded in the Action Plan.			Other evidence such as QIP projects, special clinical interest need to be repeated later in training?	Does exposure to a clinical special interest need to be repeated later in training? If so, add to the Action Plan.

Stage	Required								
ST4 to ST5	**Required**	**Minimum of 2 reports.** **1 from each 6-month period confirming acceptable progression.**	**Minimum of 3 reports.** **2 from 1st 6-month period, 1 from 2nd 6-month period confirming acceptable progression.**	n/a **evidence of engagement with the portfolio** across all WBAs.	There is no minimum requirement for Outcome 10.1, but there should be CRS, DOPS and OSATS should be taken into account where present. Plan to be completed for the subsequent ARCP.	No requirement	Not essential for an Outcome 10.1, but should be used to reflect on generic professional skills developed in this time and mapped to the appropriate Learning Outcomes. There is no requirement, however.	Reflections are encouraged such as QIP projects, audit, research, CPD, letters of thanks or complaints should be considered in the usual way. Where action is required in the subsequent training year, this should be recorded in the Action Plan.	Other evidence such as QIP projects, audit, research, CPD, letters of thanks or complaints should be considered in the usual way. Where action is required in the subsequent training year, this should be recorded in the Action Plan.
ST5 to ST6	**Required**	**Minimum of 2 reports.** **1 from each 6-month period confirming acceptable progression.**	**Minimum of 3 reports.** **2 from 1st 6-month period, 1 from 2nd 6-month period confirming acceptable progression.**	n/a **evidence of engagement with the portfolio** across all WBAs.	There is no minimum requirement for Outcome 10.1, but there should be CRS, DOPS and OSATS should be taken into account where present. Plan to be completed for the subsequent ARCP.	No requirement	Not essential for an Outcome 10.1, but should be used to reflect on generic professional skills developed in this time and mapped to the appropriate Learning Outcomes. There is no requirement, however.	n/a	Other evidence such as QIP projects, audit, research, CPD, letters of thanks or complaints should be considered in the usual way. Where action is required in the subsequent training year, this should be recorded in the Action Plan. Does exposure to a clinical special interest need to be repeated later in training? If so, add to the Action Plan.

Does exposure to a clinical special interest need to be repeated later in training? If so, add to the Action Plan.

ST6 to ST7	Required			n/a					
	Minimum of 2 reports. **1 from each 6-month period confirming acceptable progression.**	**Minimum of 3 reports.** **2 from 1st 6-month period, 1 from 2nd 6-month period confirming acceptable progression.**		**evidence of engagement with the portfolio** across all WBAs.	There is no minimum requirement for Outcome 10.1, but there should be CRS, DOPS and OSATS should be documented in the Action Plan to be completed for the subsequent training period, ARCP. Where a trainee will be embarking on a TSC in the next training period, an arrangement should be secured to ensure that the trainee will be able to achieve these competencies prior to the end of ST7. Where this is not possible an Outcome 10.2 may be necessary to extend training before the start of the TSC.	There is no minimum requirement for Outcome 10.1, where a trainee will be embarking on a TSC in the next training period, an arrangement should be secured to ensure the trainee can complete these assessments prior to the end of ST7. Where this is not possible an Outcome 10.2 may be necessary to extend training before the start of the TSC.	No requirement, but Outcome 10.1, should be used to reflect on generic professional skills developed in the next TSC in account where present.	Not essential for an Outcome 10.1, but should be used to ensure the trainee will achieve professional targets by the end of ST7. This will be considered in the usual way. Where action is required in the subsequent training period, secured to embark on a subsequent TSC. There is no requirement, however.	Reflections are encouraged for ST6, but plans must be in place to ensure the trainee will achieve CPD, letters of thanks or complaints should be considered in this time and mapped to the important way. Where action is required in this stage to extend training before the TSC period.

| | | | | | No requirement for Outcome 10.2 may be necessary to extend training before the start of ST7. | | No requirement, there should be an agreement in place to ensure they have the opportunity to address any outstanding training needs prior to the end of ST7. | No requirement evidence for ST6, but plans must be in place to ensure the trainee will achieve of thanks or complaints training? Where this is not possible the Action Plan. For trainees who will be embarking on a TSC, there should be an agreement in place to ensure they have the opportunity to address any outstanding training needs prior to the end of ST7. | Other evidence such as QIP projects, audit, research, CPD, letters later in training? Consider whether a 10.2 is necessary at this stage to extend training before the end of ST7. Amend the Action Plan. | Does exposure to a clinical special interest need to be repeated later in training? |

End of ST7										

End of ST7

Column	Content
Required	
Minimum of 2 reports.	1 from each 6-month period confirming acceptable progression.
Minimum of 3 reports.	2 from 1st 6-month period and 1 from 2nd 6-month period confirming acceptable progression.
Final Fellowship exam, written and clinical, are required for an Outcome 6. Where not achieved because of COVID-19 an Outcome 10.2 should be awarded to allow time to take the examinations at the next sitting.	
A minimum of 5 CbDs must have been satisfactorily completed to award an Outcome 6. There is no minimum number for Outcome 10.2.	
There is no minimum requirement for an Outcome 10. Outstanding CRS, DOPS and OSATS should be documented in the Action Plan together with the length of extended training. All CRS, DOPS and OSATS must be completed for Outcome 6.	
2 EPAs are preferred for an Outcome 6 providing the previous MSF has not indicated any unresolved issues. Where only 1 has been formally completed, due to restrictions resulting from COVID-19, a testimonial from a clinical supervisor can be used as compensatory evidence for the second. If neither EPA has been formally completed- an extension to training is required.	
MSF is not essential for an Outcome 6 and can be used to reflect on generic professional skills developed in this time and mapped to the appropriate corneal graft and 20 VR procedures for Outcome 6. There is no requirement, however.	
Reflections are encouraged 40 oculoplastic, 30 glaucoma procedures and 40 retinal laser procedures are all required. As considered in the usual way.	
350 cataracts, 20 strabismus, 40 procedures should be required. As well as assists considered in the usual way. There must be sufficient evidence for all Learning Outcomes in the curriculum for an Outcome 6. A 50 consecutive case audit of cataract surgery is required. An Outcome 10.2 may be awarded where this is not the case, to award Outcome 10.2. The resulting Action Plan must be clearly stated in the Action Plan. No minima are required to award Outcome 10.2. The resulting Action Plan must specify the time required for extension of training.	
Other evidence such as QIP projects, audit, research, CPD, letters of thanks or complaints should be record in the Action plan. If exposure to a clinical subspecialty needs to be repeated to achieve curricula requirements - award Outcome 10.2 and record in the Action plan. If curricula requirements are achieved, but further TSC experience is desirable to allow the trainee to progress into a consultant or Fellowship post, an Outcome 6 can be awarded and further TSC experience planned during the Period of Grace.	

2020 ARCP recording where coronavirus (COVID-19) has impacted on trainee progression

Introduction

1. This document provides the codes for ARCP panels to use. It should be read in conjunction with *Supporting the COVID-19 Response: Enabling Progression at ARCP* published by the Statutory Education Bodies (SEBs) of the four nations (Northern Ireland Medical & Dental Training Agency, Health Education & Improvement Wales, NHS Education for Scotland and Health Education England).

New outcome – Outcome 10 – COVID 19

2. It is intended that the outcome label appears in the dropdown menu on deanery systems such as TIS, TURAS and INTREPID.

Table 1   Outcome 10

Outcome	Label for dropdown	Applicable to
10.1	10.1 Progress is satisfactory but the acquisition of competencies/capabilities by the trainee has been delayed by COVID-19 disruption. Trainee can progress.	1. Trainee is not at a critical progression point 2. Trainee is at a critical progression point in their programme, but the relevant Medical Royal College or Faculty has amended the curriculum and mandated that the competences/capabilities can be acquired at the next stage of training. Note: Any additional training time necessary to achieve competencies/capabilities will be reviewed at the next ARCP.
10.2	10.2 Progress is satisfactory but the acquisition of competencies/capabilities by the trainee has been delayed by COVID-19 disruption. Trainee is at critical point and additional training time is required.	1. 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 or mandatory training course). 2. Trainee is at the critical progression point of approaching CCT and additional training will be required before the trainee can complete their training. 3. For the majority of foundation doctors, it should be possible to use existing (i.e. non COVID) outcomes. In exceptional circumstances it can be used for foundation doctors. An Outcome 10.2 for foundation is a 'no-fault' outcome which indicates that progression is not possible. Additional training time will be required to enable an F1 doctor to gain their F1 Certificate of Completion (F1CC) and full registration or a F2 doctor to obtain their Foundation Programme Certificate of Completion (FPCC).

Supplementary C codes

3. The C codes will be used to in addition to documenting whether it is an Outcome 10.1 or 10.2. The label is intended to appear in systems' dropdown menus.

Table 2   C codes

Applicable outcome	Supplementary code – select ALL that apply	Label – to be used in system dropdown menus	Description
10.1	C1	Trainee at critical training progression point (but NOT at CCT) and derogation provided for the required exam	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. Derogation allows the trainee to progress at this point with a time limit applied to passing the relevant exam.
10.1	C2	Trainee at critical training progression point (but NOT at CCT) and derogation provided for the applicable element of mandatory training	Trainee could not complete the mandatory training course as it was cancelled due to COVID-19 disruption and will need to attend at the next available opportunity. Derogation allows the trainee to progress at this point with a time limit applied to completing the course.
10.1 and 10.2	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.

Applicable outcome	Supplementary code – select ALL that apply	Label – to be used in system dropdown menus	Description
10.1 and 10.2	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.
10.1 and 10.2	C5	Inadequate progress in this training year prior to COVID-19	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.
10.1 and 10.2	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.
10.2	C7	Foundation – extra time required to gain F1CC/FPCC	Trainee could not be awarded an outcome 1 or outcome 6. Given the COVID-19 disruption an unsatisfactory (non-COVID) 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.

F1: extra time required to gain their F1 Certificate of Completion (F1CC) and full registration.

F2: extra time required to gain Foundation Programme Certificate of Completion (FPCC). |

Applicable outcome	Supplementary code – select ALL that apply	Label – to be used in system dropdown menus	Description
10.2	C8	Royal College or Faculty exam cancelled with trainee at CCT date	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.
10.2	C9	Royal College or Faculty mandatory training course cancelled with trainee at CCT date	Trainee could not attend a mandatory training course as it was cancelled due to COVID-19 disruption and will need to attend at the next available opportunity.
10.2	C10	Royal College or Faculty exam cancelled with trainee at critical progression point (not CCT) with no derogation.	Trainee could not attempt the exam as it was cancelled due to COVID-19 disruption. No derogation provided by the relevant Royal College or Faculty to normal curriculum requirements therefore additional training time is required.
10.2	C11	Royal College or Faculty mandatory training course cancelled with trainee at critical progression point (not CCT) with no derogation.	Trainee could not complete the mandatory training course as it was cancelled due to COVID-19 disruption. No derogation provided by the relevant Royal College or Faculty to normal curriculum requirements therefore additional training time is required.
10.1 and 10.2	C12	Other issue related to COVID-19 (please describe)	To capture any COVID-19 issue not covered by codes C1 to C11.

4. The N code in Table 3 should be used with the specified reason if no ARCP was held due to COVID-19 disruption.

Table 3 **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. *Supporting the COVID-19 Response: Enabling Progression at ARCP* has a minimum requirement of two panel members.