

# Temporary derogations to curriculum requirements to support Annual Review of Competence Progression (ARCP) where training has been disrupted by coronavirus (COVID-19)

*Updated April 2021*

## Background

Throughout this period, the General Medical Council (GMC), Statutory Education Bodies (SEBs) in all four countries of the UK and Medical Royal Colleges and Faculties have worked together to introduce measures that have allowed trainees to progress. Given the ongoing challenges, the GMC is considering additional requests for temporary derogations to curriculum requirements that maintain standards and ensure patient safety to enable doctors' continued progression, however, these need to be subject to the principles outlined below.

This document explains the role of the GMC in approving postgraduate curricula and assessments, and the updated policy on temporary derogations to curriculum requirements to support Annual Review of Competence Progression (ARCP) where training has been disrupted by the pandemic.

## Period of approval

This policy and the temporary derogations will remain in place during the period of major disruption to training caused by the pandemic, and the GMC will only remove derogations following engagement with the SEBs, Medical Royal Colleges and Faculties and the wider system.

## Principles for approving temporary derogations

The following '[Excellence by design](#)' principles will be used when considering derogations to curricula and assessments to support ARCP decisions during this period:

- Patient safety is paramount and sits at the core of education standards; trainees must not work beyond their competence
- Maintaining standards - the standard for entry to the specialist and GP register remains consistent; trainees must meet all learning outcomes at the level of performance required for entry to the specialist and GP registers
- We are looking to holistically assess a doctor's competency not quantity of assessments or clinical activity completed
- We are looking to assess whether outcomes are achieved not the time spent working in a particular area
- We need to maintain proportionality and support diversity.

We expect there to be flexibility in how achievement of the curricula learning outcomes can be evidenced: '[Excellence by design](#)' standards enable SEBs to use discretion in accepting a range of evidence and supporting information to show competency progression. This might include but not limited to courses, techniques and approaches that best meet local arrangements and resources. Where serious patient safety concerns may exist, explicit mandatory minimum curricula requirements should be specified, this may include a critical progression point in which case the justification, rationale and requirements should be explicit in the derogation. Our expectation is that this would not apply at the point of CCT. These must be proportionate and limited, and where there are no other acceptable or proportionate ways to protect patients ([EBD p4-11](#)).

Mandatory requirements will generally occur at critical progression points\* where a learner transitions to higher levels of professional responsibility or enters a new area of practice which may be associated with increased risks to patients ([EBD p32](#)).

### **Postgraduate curricula and assessments**

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

The GMC approves curricula designed by Medical Royal Colleges and Faculties against '[Excellence by design](#)' standards. Approved curricula set out the learning outcomes, levels of performance and evidence required at critical progression points including CCT.

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

## ARCP process

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

To support ARCP panels, Medical Royal Colleges and Faculties often develop ARCP decision aids describing the level of performance and evidence which would indicate satisfactory progression together with criteria and requirements at critical progression points.

## Adapted ARCP panels and outcomes

During the pandemic the GMC, SEBs, and Medical Royal Colleges and Faculties recognise that there may be challenges for trainees and trainers in attaining the competencies or in providing the evidence of competence for progression at ARCP.

As set out by the four SEBs in a statement '[Supporting the COVID-19 response: Enabling progression at ARCP](#)' (21 April 2020) changes have been introduced for ARCPs, including the introduction of two new ARCP Outcomes - Outcomes 10.1 and 10.2 - and these will continue to run in 2021.

Outcomes described in Gold Guide 8 should be used where possible. If trainees meet the minimum evidence and competency requirements in the GMC-approved amended decision aid, then they should get an Outcome 1 or 6. If they do not meet GMC-approved amended decision aid requirements and:

- a Can progress – they should get an Outcome 2 or an Outcome 10.1 (if COVID-related)
- b Can't progress (due to being at a critical progression point or due to patient safety issues) – they should get an Outcome 3 or Outcome 10.2 (if COVID-related).

## GMC policy on curricula derogations

### Progression without exams

We [issued guidance which permits colleges and ARCP panels](#) to allow progression between stages of training, except for those in their final year where an exam would normally be required. We have been clear that there are critical progression points that require additional consideration, and that the standard for CCTs should not change. The GMC derogation policy published in 2020 said that in most cases we expect trainees to progress only one training year without having completed the exams, and not beyond a critical progression point. However, with the ongoing situation, and subject to the principles, there may be circumstances where trainees could progress more than 12 months whole

time equivalent (pro rata for less than full time trainees) without an exam.

We recognise that this may put additional pressure on trainees even if exams are available. When deciding the appropriate outcome, ARCP panels should consider the patient safety impact and ensure the trainee will be working within their competence, and the likelihood of the trainee catching up beyond the initial 12 months.

The standard for entry to the specialist and GP register remains the same and trainees will be expected to pass the exams before completion of training.

### **Progression without having gained expected capabilities / competences or with insufficient evidence (Outcome 10.1)**

There may be circumstances where trainees could progress more than 12 months without some competencies, or assessment to evidence competencies. Where a trainee previously received an Outcome 10.1, we would normally expect that competencies which have not previously been demonstrated will be provided as part of evidence for the next ARCP, however, we recognise that in the current circumstance it may take longer for trainees to catch up.

We recognise that this may put additional pressure on trainees even if the training opportunities are available. When deciding the appropriate outcome, ARCP panels should consider the patient safety impact, ensure the trainee will be working within their competence and consider the likelihood of the trainee catching up beyond the initial 12 months.

Where trainees have been redeployed, had their rotation cancelled or missed training experiences and been unable to gain all of the learning outcomes normally required at this stage of training or have insufficient evidence of competence as a result of the pandemic, we support progression to the next stage of training subject to the following:

- Trainees with evidence of concerns unrelated to the pandemic, should have the standard ARCP outcome applied and should not progress at this point, but would normally have a period of additional training and educational support.
- Trainees at a critical progression point where there has been no derogation to normal curriculum progression requirements, may have the COVID-19 ARCP outcome 10.2 applied and should not be allowed to progress unless all the requirements have been met.
- It is feasible that trainees will be able to gain missing competences / capabilities in future training placements.
- The new ARCP code (10.1) should be awarded and outstanding capabilities / competences should be clearly documented with an agreed timeline for

completion recorded in a personal development plan. Additional training time may subsequently be required which would be assessed at the next scheduled ARCP\*.

- We would not normally expect trainees to progress more than one training year without obtaining any missed competencies. However, with the ongoing situation, and subject to the principles, we are open to proposals that permit trainees to progress more than 12 months whole time equivalent (pro-rata for LTFT trainees).
- SEBs and employers must ensure additional support and the appropriate level of supervision is in place for trainees who have progressed without the usual capabilities / competences / experience to reflect their level of experience. Trainees should be supported to speak up if they are asked to act outside their competence.

### **Progression with alternative evidence of capability / competence (Outcome 1 or 6)**

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

The principles state that we're looking to make holistic assessment of competency not quantity of assessments completed. The evidence required to demonstrate competency should be flexible to allow for local educational and service context. Medical Royal Colleges and Faculties should clearly identify in ARCP decision aids the mandatory minimum evidence requirements to allow a holistic judgement on competence and where flexibility may be applied, for example in the number of WPBA required or where an e-Learning course or WPBA may be substituted where a training course has been cancelled.

We support progression to the next stage of training where a trainee can provide the minimum set of evidence or reasonable alternative evidence to demonstrate competence subject to the following:

- Trainees with evidence of concerns unrelated to COVID-19, should have the standard ARCP outcome applied and should not progress at this point but would normally have a period of additional training and educational support.
- College ARCP guidance and decision aids must specify what minimum evidence is sufficient to demonstrate that a capability / competence has been met.

\* GG8: 4.91 derogation 10.1

- A recommendation for progression based on a minimum set of evidence should be supported by a holistic assessment on progression for example through an Educational Supervisor, or a Multiple Consultant Report.
- The new ARCP code (10.1) should be awarded if there are competencies that have not been met (due to COVID related disruption to training) but they can be met at the next stage of training.
- Trainees able to demonstrate competence with alternative evidence should not be expected to present the missing evidence to future ARCP panels. However, trainees will be expected to pass the exams before completion of training, unless the removal of the exam has been specifically approved by the GMC.

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

If it is not possible to progress a trainee, because they are at a critical progression point in their programme where they have not met a requirement and there has been no derogation to normal curriculum progression requirements, or where catching up is likely to be detrimental to trainee health and well-being, an ARCP 10.2 should be awarded and additional training time provided before the trainee can progress to the next stage in their training.

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