

COVID-19 and Trainee Progression in 2020 – 19 March 2020

Please note this is primarily a UK-based document and that the Royal College of Surgeons in Ireland is due to issue a separate statement to cover the situation in Ireland.

The [Joint Committee on Surgical Training](#) (JCST) is an advisory body to the four surgical Royal Colleges of the UK and Ireland for all matters related to surgical training, and works closely with the GMC, the Statutory Education Bodies (HEE, NES, HEIW, NIMDTA), the Confederation of Postgraduate Schools of Surgery (CoPSS) and the Surgical Specialty Associations in Great Britain and Ireland. The JCST is the parent body for all ten Specialty Advisory Committees (SACs) responsible for surgical specialties, the Core Surgical Training Advisory Committee (CSTAC), the Training Interface Groups (TIGs) and the [Intercollegiate Surgical Curriculum Programme \(ISCP\)](#).

The four Education Bodies have a statutory duty to deliver, among other things, trainee recruitment and selection, training delivery and the ARCP process. The Surgical Royal Colleges of the UK and Ireland deliver post-graduate examinations through the ICBSE (for MRCS) and through the JCIE (for FRCS). JCST is responsible, among other things, for the professional content of recruitment and selection, maintaining a record of trainee progress, providing externality into the ARCP process, recommending trainees to the GMC for certification and writing the curriculum.

Everyone understands the impact that the COVID-19 pandemic is causing to normal activities in all walks of life. Responses to it are guided by minimising spread of infection, personal and patient safety, maintenance of normal processes where possible and the need for pragmatism.

All the bodies involved in surgical training are working together to find the safest and most pragmatic solution to the current situation. This statement has the support of the Surgical Royal Colleges and the Confederation of Postgraduate Schools of Surgery (CoPSS). It has been discussed with the GMC and the four Statutory Education bodies.

A number of documents have already been released:

- 1) [Supporting the COVID-19 response: Guidance regarding Medical Education and Training](#)
 - from the Statutory Education Bodies and the GMC
 - describes the need to balance increased calls for service delivery with training requirements and describes how training safety will be assured
 - lists guidance principles for all trainees
- 2) [Supporting the COVID-19 response: Plans for Management of Medical Training Rotations](#)
 - from the Statutory Education Bodies and the GMC
 - describes how trainees will be asked to stay in their current placements rather than rotate as was planned on 1 April
- 3) [Message to applicants on recruitment](#)
 - from the Statutory Education Bodies
 - describes how recruitment and selection will not be face to face and how work is being undertaken to ensure the selection process can still proceed

- 4) [COVID-19 and plans for management of medical and dental training programmes](#)
 - from HEE
 - describes the need to balance increased calls for service delivery with training requirements and describes how training safety will be assured in more detail within England
- 5) NES statement on COVID-19
 - email from NES to trainees in Scotland
 - describes the need to balance increased calls for service delivery with training requirements and describes how training safety will be assured in more detail within Scotland
- 6) HEIW statement on COVID-19
 - [guidance for Health Boards](#)
 - describes the need to balance increased calls for service delivery with training requirements and describes how training safety will be assured in more detail within Wales.
- 7) [Joint Policy Statement from the Surgical Royal Colleges](#)
 - describes how examinations and courses are postponed

Trainees' wellbeing is very important to JCST and the Colleges and we hope that the following document provides some clarity and support, and allows trainees to plan for the coming months. We are also aware that some local offices and deaneries are encouraging trainees to go to their Trust's DME in the first instance, if they need support. There are some resources available on the Intensive Care Society's website [here](#); and the Academy of Medical Royal Colleges' (AoMRC) website also includes a number of resources and advice under their 'Support for doctors' webpage [here](#).

Given the rapidly changing nature of the current situation, however, the advice below may need to change.

National Selection

HEE, NES, HEIW and NIMDTA are working on a four nation approach. National selection this year will not be a face to face process but the intention is that it will still proceed using other means in order that post offers and appointments can go ahead. Given the proximity of national selection this is a rapidly developing area and we will keep trainees and trainers informed.

Almost all trainees applying to ST3 from a previous uncoupled Core Surgical Training post (CT1/CT2) will not be affected by the postponement of the MRCS exam. The MRCS is required by time of application or interview (and, by extension, the new non-face to face process that will be implemented) for all surgical specialties except Oral and Maxillo-Facial Surgery (OMFS). In OMFS, trainees need to pass MRCS before the commencement date of their ST3 post. Under the current circumstances, uncoupled trainees who are appointed to ST3 posts in OMFS will be permitted to take up their post even if they have not passed the MRCS. They will have to pass it in order to proceed to ST4.

Trainees on the Improving Surgical Training pilot will not be included in the new selection process and will progress from ST2 to ST3 if their ARCP is otherwise satisfactory (see below –

MRCS and progression to ST3) and if there are no other concerns. Benchmarking will therefore be cancelled for IST trainees.

If trainees have any queries/concerns in the meantime, we would advise them to contact their National Recruitment Leads.

MRCS and Progression to ST3

We expect that run through trainees (including IST trainees), who would normally be required to have passed MRCS before being able to enter ST3, will still be able to progress to ST3 even if they have not passed the exam as long as their ST2 ARCP is otherwise satisfactory. They will be required to pass MRCS before entering ST4.¹

Annual Review of Competence Progression (ARCP)

ARCPs can be run remotely if local offices and deaneries are able to do so – this would be for the local office/deanery to decide. We are aware that the Statutory Education Bodies are considering the processes for ARCPs.

ARCP panels will continue to be able to review trainees' portfolios online via the ISCP. During training, the aims should be to ensure that progress towards curriculum requirements has been on track and that the trainee has engaged in training (as evidenced by WBAs and the AES report) prior to the COVID-19 outbreak. A pragmatic view should be taken if some requirements have not been met due to the current circumstances and this should not be held against the trainee in determining the ARCP outcome. Any outstanding requirements should be recorded and would then need to be met by the ARCP after the COVID-19 period is over.

Those trainees who have already passed the FRCS exam and are due to finish their training in the coming months, should still be able to complete training and be awarded their ARCP 6 if they have met all the requirements. ARCP panels can take a pragmatic view over recommended courses. An ARCP 6 can still be awarded even if these courses have not been completed as long as the trainees' portfolio shows they will be safe to practise.

We are currently exploring how to manage trainees approaching the end of their training who have not yet passed the FRCS and who now have lost opportunities to sit it due to the cancellations. An update will be issued as soon as possible.

Workforce and training vacancies

Trainees awarded an ARCP outcome 6 (ST8 (7)) and ready to certify will leave training, as at present, subject to the optional period of grace. Vacancies arising should be filled by the national selection process.

Core trainees at CT2 who are awarded an outcome 6 should leave the programme. CT1 trainees have already been appointed and should maintain Core Surgery trainee numbers.

¹ This will also apply to uncoupled trainees (principally OMFS trainees – see above), who would have been expected to have passed the MRCS exam by commencement of their ST3 posts. This is in line with other medical specialties' current advice.

Any gaps in training should be filled by locum appointments made locally.

Out of Programme (OOP)

We recognise that out of programme, for research or other experience, can be an important part of training and personal development.

Trainees may be asked to return to clinical practice from OOP to support their colleagues. Trainees in leadership fellowships may be placed in roles where their leadership skills can be used. We would expect trainees in these circumstances to discuss any changes to their situation with their Training Programme Directors and Educational Supervisors. All concerned are working to ensure that there is no detriment to trainees returning from OOP.

Training Interface Groups (TIGs)

Trainees who apply for TIG fellowships are normally expected to have passed both sections of the FRCS exam and demonstrate that they have met certification requirements or will do by the time their TIG fellowship is due to start.

Due to the postponement of the FRCS exam, this may impact on trainees' ability to meet the entry requirements for a TIG fellowship. Trainees who are successful at TIG selection will be able to undertake the fellowship even if they have not passed section 2 of the FRCS exam as long as they have their AES's and TPD's support that they are on track to meet their parent specialty curriculum requirements and are expected to do so by their new provisional certification date. They will need to pass section 2 of the FRCS during their TIG fellowship year in these circumstances.

This would mean that trainees' final ARCP would take place soon after the fellowship is complete, and that at that point they would have fully met their certification requirements and be ready for specialist registration.

Trainee time off due to illness/self-isolation

No trainee should be disadvantaged if they develop COVID-19 symptoms or become ill. This will include trainees who may have to self-isolate due to COVID-19 related concerns with a member of their household; or trainees who have specific health vulnerabilities. Please refer to national guidance soon to be published.

As addressed above progression will be based on evidence provided via the ISCP and demonstration that trainees showed prior engagement with training processes. This evidence will include WBAs and AESs reports.

Training post rotations

All training rotations have been cancelled for April 2020. The Statutory Education Bodies may release further advice on this matter as things evolve over the coming weeks/months.

Trainees and trainers (TPDs, AEs and CSs) should communicate regularly to enable trainees' possible concerns to be discussed openly and ways forward to be found. We suggest that regular communications take place to ensure the trainees have the support they need.

The JCST will continue to endeavour to support trainees and trainers during these trying times, and will update all those involved in training on a regular basis as we monitor the situation.

This statement will be posted as a news item on the [JCST](#) and [ISCP](#) websites and will be shared on Twitter [@JCST_Surgery](#).