

Messaging for JRCPTB website:

COVID-19 and Recognition of Trainee Progression in 2020

The Federation of Royal Colleges of Physicians was established to support the education and training of physicians. We know that at this time the uncertainties about what will happen around exams and training are causing considerable anxiety. We are working to provide clear positions on all aspects between ourselves and the training systems in the UK. Trainees' welfare is very important to us and we hope that the following document provides clarity at an uncertain time and will allow trainees to plan for the coming months. Given the rapidly changing nature of things, however, even this advice may need to change.

The pandemic of COVID-19 will lead to changes in learning opportunities for trainees in Core Medical, Internal Medicine and Medical Specialty training both in terms of experiences and in assessments. Their ability to complete rotations in specific elements of training may be compromised and, at a time when clinical teams are likely to be stretched significantly, opportunities for specific SLEs may be limited. It is already clear that opportunities in the relevant professional examinations are also going to be affected. It is intended we should try to ensure that any disadvantages experienced in training should be minimised and to that end the following should apply:

- 1. For trainees in core medical training:** The current situation has caused the cancellation of diets for parts of the MRCP Diploma. Progression to HST at ST3 usually requires trainees to have acquired the full Diploma. If they have not attained this by the end of their Core Medical Training, they are usually issued with an ARCP Outcome 3 (U5) and are unable to take up their HST posts until they have achieved the Diploma.
In the current emergency, however, for those trainees who were needing to pass part 2 written MRCP and /or PACES to enter an ST3 post in August 2020, but who have already passed part 1 MRCP, agreement has been reached that they will be able to take up ST3 posts in the relevant medical specialties. Progression in training will continue to be assessed and no trainee will progress into ST4 without obtaining the full MRCP(UK) diploma. Trainees who have not obtained the full MRCP diploma will be reviewed at their ARCP at the end of ST3 and issued with an Outcome 3 to extend training by an agreed period. An Outcome 4 would be issued if the diploma was not achieved by the end of the extension period. Consideration should also be given to allowing trainees to progress into HST if they had an ARCP Outcome 3 (U1) or an Outcome 3 (U1, U5) if the reasons 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. Failure to do so would result in an appropriate ARCP outcome at the end of ST3. 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.
- 2. For trainees in Internal Medicine training:** progression to IMT year 2 will be dependent on a satisfactory ARCP. It is very likely that the ARCP process itself will be significantly modified and performed without the usual panel process. The precise mechanism by which the ARCP

will be assessed should be left to each local office or deanery. The ARCP process must recognise that the trainee may not have been able to gain all the necessary experiences or indeed completed an adequate number of the SLEs and WPBAs that would normally be required as outlined by the decision aid for Internal Medicine training. Furthermore, trainees may have experienced modification of their rotations because of the effects of the viral pandemic. 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 WPBAs
- evidence of an MSF that has adequate raters and is positive in its tone
- an Educational Supervisor's report that is supportive of the trainee and which will also have at least one MCR supportive of its conclusions. Trainees should be aware that if there are discrepancies between the MCR and ESR the availability of a further MCR may be required

The ARCP should indicate which, if any, of the essential components of the programme have been missed in the present training year so that the subsequent programme can be tailored appropriately.

3. **For trainees in Higher Specialty Training:** Progress in higher specialty training will still rely on the ARCP process and trainees should again be able to progress where there has been evidence of obvious engagement with training 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 educational supervisor whether these can be achieved within the anticipated training time that is left or whether an extension to training should be sought. Where relevant for individual specialties, the position of Specialty Certificate Examination, which assesses knowledge of the specialty, will continue to be important. Trainees would normally be expected to pass this exam before entering the final year of training and certainly prior to obtaining their CCT. However, for some trainees this may now not have been possible since it is uncertain which of the SCEs will be disrupted in the current climate. It is strongly felt that trainees should not proceed to CCT without passing the relevant specialty certificate examination. Therefore, if a trainee comes to their expected CCT date without the necessary examination success it is suggested that they should receive an extension to their training period to allow for further examination attempts.
4. **For trainees who are Out of Programme:** It is recognised that out of programme time, whether for research, teaching or other experience, can be an important part of training and at the present time it is not suggested that trainees should return immediately to clinical training. This, however, will remain under review and trainees should discuss with their supervisor(s) 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.
5. **For trainees applying for Internal Medicine training:** Many trainees have already obtained places in IMT but there will be a further round of recruitment. The precise mechanisms by which this will occur are being determined by those in the HEE Specialty Recruitment Office and will widely advertised in the near future.

6. **For trainees planning to apply to ST3 posts in medical specialties next year:** It is as yet unclear what form recruitment for next year's ST3 will take and indeed the extent of such recruitment but we understand that HEE, NES, HEIW and NIMDTA are working on a four nation solution. We will keep trainees updated as the situation becomes clearer.
7. **For trainees who develop COVID-19 and lose time from training as a consequence:** Consideration must also be given to any trainee who develops COVID-19 and has lost time from work as a result of ill health. 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 process and have some evidence of this in the e-portfolio. Such evidence will include completion of at least some of the necessary SLEs and WPBAs

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. Furthermore, as the pandemic progresses it is likely that trainees could be exposed to clinical situations and decisions that they have not had to encounter until now. 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. It is recommended, therefore, that at the end of each shift there is an opportunity for debriefing that should be performed in a positive way to provide training but also to facilitate sharing of experiences and concerns.

We will be providing online support and opportunities to pose questions about your training. Please consult the JRCPTB website for details.