

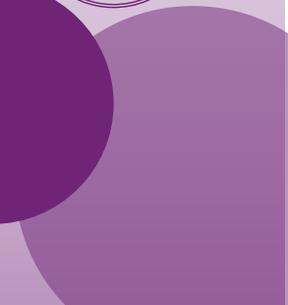
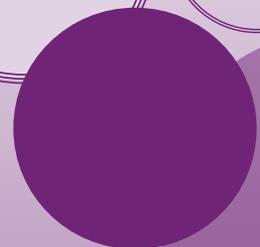
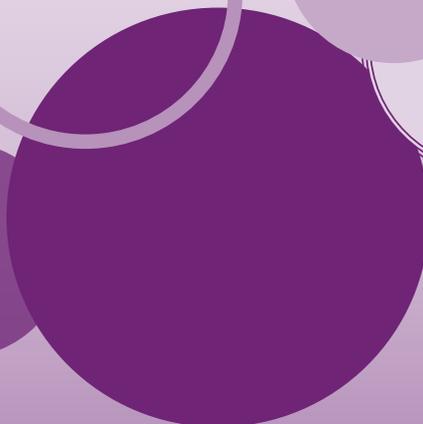
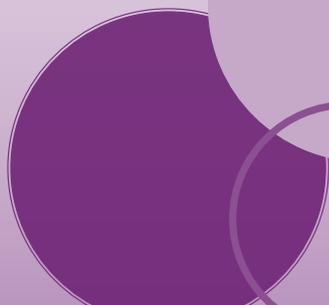
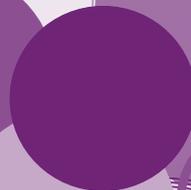
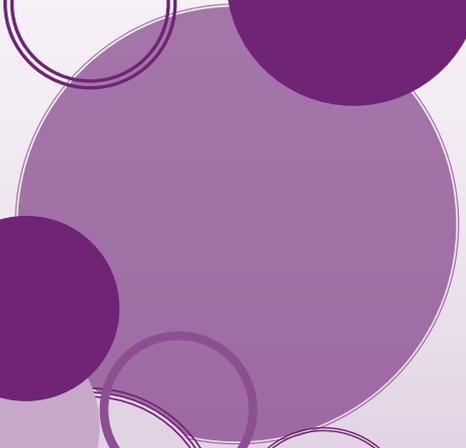
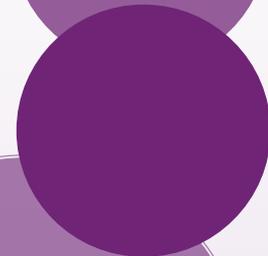
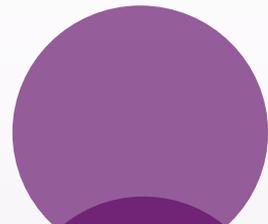
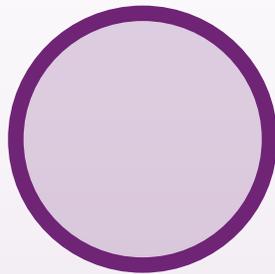
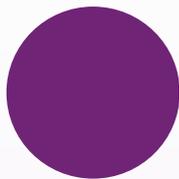
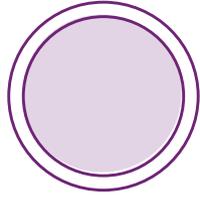


The Royal College of  
Emergency Medicine



COVID-19

**Trainee Progression in 2020**



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## Introduction

RCEM Training Standards Committee (TSC) understands that the uncertainty caused from exam cancellations and changes to training during the COVID-19 Pandemic are causing considerable concern for trainees. Both the Examinations Subcommittee and TSC are meeting regularly to address concerns and information will be updated on our website on a regular basis.

This document has been prepared for Heads of School but provides useful information for trainers and trainees. A set of additional FAQs will be available for trainees.

To ensure consistency across training regions, ARCP panels will be provided with a COVID 19 checklist for each training year together with a tabled minimum data set and ARCP COVID 19 flow chart. **All EM trainees will be expected to use the new COVID-19 checklists until further notice.**

TSC have been working in collaboration with the Intercollegiate Committee for Acute Care Common Stem Training (ICACCST) and aim to maintain consistency for AM, EM and AN ACCS trainees. The ICACCST guidance for ARCP therefore integrates the three parent Royal Colleges minimum criteria for ARCP using the standard and COVID-19 ARCP outcomes.

## Aim

The aim of the following document is to allow some flexibility in the assessment process to minimise any disadvantages experienced during the pandemic on training by:

- Providing enough clarity to allow trainees and trainers to plan for the coming months.
- Minimising any disadvantages experienced during the pandemic on training.
- Ensuring a flexible approach to time off due to illness or meeting isolation requirements. Any period of isolation, as declared on Form R, will not disadvantage trainees.

Given the rapidly changing nature of the current situation, this advice may be updated and the College website should be monitored on a regular basis.

## New changes for ARCPs in 2020

1. Revised ARCP checklists for each training year are to be issued detailing the minimum data set required during the COVID-19 pandemic, to be used until further notice.
2. A detailed structured training report will be essential for the ARCP.

3. Compensatory evidence will be accepted for MSF, common competences, courses and, for ST6 only, the root cause analysis evidence within management portfolio.
4. A revised faculty governance statement which must be filled for CT3 / ST3 and above.

The COVID-19 pandemic has led to changes in the learning environment for trainees in both ACCS and Emergency Medicine. Working in acute specialties at this time there will have been some excellent experience and learning opportunities. However, there may have been a reduction in training and assessments or limited patient exposure in certain groups – for example paediatric emergency medicine, anaesthetic lists and trauma.

This year's ARCP process must recognise that trainees may not have been able to gain all the necessary experiences or indeed completed an adequate number of the WPBAs that would normally be required due to the pandemic. This will occur through a modified ARCP process, with particular focus on those at critical transition points in the training. The details for this are laid out below.

## 1. ARCP – Process

The ARCP process itself will need to be modified and priority should be given to those who are at **critical transition points**.

TSC have agreed that the following groups will require an ARCP in Summer 2020:

- CT2 / ST2 (end of ACCS training)
- End of core training CT3 / ST3
- DRE-EM year 1
- DRE-EM year 2
- ST6+
- Those where development of specific capabilities or inadequate progress has already been identified i.e. previous outcome 2, or 3
- Trainees where new or pre-existing specific issues have arisen
- Trainees e.g. ST1, ST4 or ST5 who have applied for other speciality training or OOP. Examples may be for a move to General Practise or PHEM / PEM / Dual ICM/EM training.

Schools should endeavour to undertake ARCPs for as many grades of trainee as possible in Summer 2020. This will include trainees with pre-existing concerns. Those who do not have an ARCP will be issued with a No Outcome - N13 code in Summer 2020 specifying COVID 19.

Trainees issued with a No outcome - N13 code or outcome 10.1 or 10.2 code (see later) will have an ARCP in late 2020.

COVID-19 meets the criteria for highly exceptional circumstances that enable Postgraduate Deans to collectively agree to reduce the minimum requirement to two panellists for ARCP in 2020. For all panels, a Head of School (HoS), Training Programme Director (TPD), Educational Supervisor (ES) or Associate Postgraduate Dean (APD) must be present.

For ACCS ARCPs there should be, whenever possible, either an ACCS TPD or equivalent or HoS as panel chair.

For CT2 / ST2, the recommendation will be for three panellists, one from Anaesthesia / ICM, one from Emergency Medicine / Acute Medicine, and one other e.g. HOS/ ACCS TPD or equivalent/ES/APD speciality manager or representative / representative of the lead employer Trust. If three panellists are not available, one panellist is permitted to fulfil two roles, e.g. EM + Head of School.

The precise mechanism by which the ARCP process will be held will follow local office or deanery processes.

Externality for ARCPs remains available although of limited capacity in Summer 2020. Specific requests can be made through the RCEM Training Manager; high stake ARCP decisions will be prioritised. It is hoped that externality will be offered for ARCPs being held in late 2020 via TSC as in previous years.

### **Less than Full Time (LTFT) Trainees**

The portfolio for LTFT trainees should include a pro rata reference for competences attained, as trainees will have been training as 'normal' until end of February 2020.

### **Modified Rotas**

All trainees who have experienced modification of their rotations because of the effects of the viral pandemic must complete the:

- **Scope of practice commentary on the revised COVID 19 ARCP checklist** which will be taken into account by the ARCP panel.
- **Self-declaration and trainee check-in section** to be included in a revised Form R which can be used by the panel as an additional information source (issued by HEE so TBC if this is required for England only).

## **Time off for isolation**

Trainees who have had time off to isolate and lose time from training as a consequence or are shielding / have amended duties for health reasons must have the exact times of sickness / amended duties documented on Form R and taken into account by the ARCP panel. Progression will be based on the pro rata evidence of trainee development and progress to date. Affected trainees must have shown prior engagement with the training process and have evidence of this in the e-portfolio. Such evidence will include completion of some of the necessary WPBAs.

## **2. ARCP – Modified data set and anticipated outcomes (See also Appendix A)**

**Appendix A below provides a table outlining the minimum data set for each grade of trainee.** GG8 4.91 rules will still apply but the minimum dataset is a revision of the original 2015 ARCP checklists due to COVID-19. The 2015 checklists will not be used until further notice.

### **Outcome 1**

The minimum data set is that which is required to demonstrate safe practice and achieve an OC1 at ARCP for each training grade in ACCS or Emergency Medicine during the period from August 2019 onwards, until further notice.

Where the minimum data set has not been met because the trainee has been impacted by the disruption due to COVID-19, there are two new COVID-19 outcomes which should be used:

#### **Outcome 10.1**

Progress is satisfactory but the acquisition of competences / capabilities by the trainee has been delayed by COVID-19 disruption. Trainee can progress.

#### **Outcome 10.2**

Progress is satisfactory but the acquisition of competences / capabilities by the trainee has been delayed by COVID-19 disruption. Trainee is at a critical point and additional training time is required.

- Supplementary codes should be used to document the reason for these outcomes
- Capabilities to be developed should be documented on the ARCP form
- The trainee should then be able to progress to the next training year

**Following the Outcome 10.1 or 10.2**, the Training Programme Director, trainee and Educational Supervisor should meet to discuss an action plan which

outlines the areas that need to be completed, ideally within the next year of training, and how this can be achieved. A time point for review should be documented in the trainee's portfolio and captured on their Personal Development Plan (PDP).

Outcome 10.1 / 10.2 clarifies this is an outcome which was out of the trainee's control i.e. a no fault outcome due to the pandemic and, should additional training time be needed, this would be a mitigating factor.

### **3. ARCP – 2020 Schedule**

There will need to be some flexibility built into the schedule depending on the impact of COVID-19 and workload to schools in Summer 2020 and Autumn / Winter 2020. Those trainees who do not have an ARCP in Summer 2020 will have an ARCP scheduled in late 2020. This may be for those who were **CT1 / ST1, ST4 and ST5 between August 2019-August 2020** and include any trainees who are LTFT and out of sync.

The ARCP should indicate which of the essential components from the minimum data set have been missed in the present training year, so that the next year / stage of training can be tailored appropriately.

### **4. ARCP- Required Evidence**

#### **Educational Supervisors' Structured Training Report (STR)**

The Educational Supervisor / Named Clinical Supervisor's STR is essential to this process.

- There should be a detailed summary and comment on progress of trainee activity pre-pandemic and during pandemic.
- It must include a commentary on areas which will require a focus for the following year of training.
- Where the trainee has had an N13 outcome it is the trainee's responsibility to maintain contact with their ES / CS to ensure that they have an STR covering each year of training.
- It must contain a statement confirming that there are no concerns within the domains covered by the missing life support courses, MSF and progression towards the appropriate level for grade of the common competences / general professional capabilities.
- If the trainee has not been able to complete a RCA by the end of ST6, the STR should document that the trainee has a sound understanding of the principles of RCA demonstrated by a thorough discussion of a previous incident investigation with the ES.
- Consideration should be given to whether the trainee is felt to have engaged with the training process and has some evidence of this in the e-portfolio.

- The STR should state whether there are significant issues and whether these were present pre-COVID-19, occurred as a result of COVID-19 and/or whether COVID-19 has contributed to them.

**If trainee's Educational Supervisor is not available:** the trainee should discuss with the local Speciality Tutor / Training Programme Director and be allocated a trainer who can submit a report.

### **Faculty Governance Statement**

A recent (within 3 months) Faculty Governance Statement MUST be completed for all training years ST3 and above.

*At the time of writing the faculty governance statement is currently under alteration and is expected to be accessible within the e-portfolio*

The FGS will specifically ask the trainers to make comments on the following four areas:

- Ability to identify sick adult patients, to resuscitate and stabilise and know when it is appropriate to stop
- Ability to care for acutely injured patients across the full range of complexity
- Ability to care for children of all ages in the ED, at all stages of development
- Ability to lead and manage the shop floor

This will serve as proxy / compensatory evidence and must be completed when either ATLS / APLS have lapsed or never been completed due to COVID-19.

### **E-portfolio**

Trainees will be expected to have the minimum data set (see Appendix A) within their e-portfolio.

### **2020 ARCP Checklist**

Trainees will be expected to upload the new COVID-19 ARCP checklists within their e-portfolio signed by themselves and their trainers, which includes the statements regarding activity during the pandemic and any time out of training for this reason.

Appendix A below details the checklists for ARCP and the minimum requirement, which is subject to change pending finalisation with organisational bodies including the GMC, ACCS parent Royal Colleges and the four Statutory Education Bodies.

## 5. ACCS

Trainees will have to provide evidence for ARCP whether this be in Summer 2020 or Autumn 2020. The first two years of the ACCS programme is made up of Emergency Medicine (EM), Acute Medicine (AM), Intensive Care Medicine (ICM) and Anaesthesia (AN). Irrespective of how these two years are designed by rotation, trainees will be expected to show the following (also see Appendix A):

Irrespective of rotation, all trainees will require for the ARCP:

- STR
- Form R
- MSF
- Level 2 safeguarding certification

Compensatory / proxy evidence is acceptable by statement in the STR for coverage of the common competences, including sign off to level 2 in CT2.

All trainees MUST also submit a specific minimum data set according to placements done this training year:

- AN: IAC + log book
- ICM: 11 ICM procedures
- EM: 2 x CMP, CAP 1, 6, 7, 18, 30 and 4 x DOPS (EM specific 11, 16, 18, 19)
- AM: 1 Major Presentation (any) and 6 Acute Presentations (any)

ARCP Panels will expect the usual consultant level sign off for competency attainment. However, leeway can be given by panel chairs / Heads of School, if other senior sign off is obtained. This is to be based on circumstance, type of assessment and the seniority of practitioner signing off the competency.

## 6. ARCP – Compensatory Evidence

**Compensatory evidence will be allowed for the following:**

- a) Courses
- b) MSF
- c) Common competences / general professional capabilities
- d) RCA as part of management portfolio for ST6 trainees only

Access to courses – e.g. ALS, ATLS, APLS and equivalent is increasingly difficult. Many courses have been suspended until August 2020.

During the pandemic year, the following evidence detailed in table 1, will be accepted as proxy / compensatory evidence for courses for trainees who either have not been able to complete a course (core trainee) or have lapsed courses (HST).

*At the time of writing the GMC confirmation of suspension of courses for CCT is still awaited.*

**Table 1: Compensatory Evidence for Life Support Courses**

**Any one** of the options below **and FGS** can be used as compensatory evidence for each missing course:

- In situ and other simulation events such as a WPBA or reflection (reflection as a solo piece of evidence will not be accepted)
- WPBA specific to resuscitation in adults, paediatrics and traumas
- A period of work in MTC / children's hospital or paediatric wards. There must be a supplementary description of competences / capabilities in adult, paediatric and trauma resuscitation within the STR, in particular if the trainee does not have a course e.g. ATLS/ APLS.
- **AND FGS comment on competences in life support** – this is essential for all core trainees in the event a course has never been done e.g. ATLS/ APLS.

TSC will also allow trainees to progress without undertaking an MSF or sign off for each common competence (unless specifically indicated). The STR must contain a statement confirming that there are no concerns within the domains covered by the MSF and progression towards the appropriate level for grade of the common competences.

If a trainee has not been able to complete a RCA by the end of ST6, the STR should also document that the trainee has a sound understanding of the principles of RCA demonstrated by a thorough discussion of a previous incident investigation with the ES.

## 7. Examinations

The pandemic situation has caused the postponement of the Spring 2020 FRCEM Final SAQ and Critical Appraisal components, the Spring 2020 FRCEM Final OSCE and the Summer 2020 FRCEM Primary examination.

The Spring 2020 FRCEM Intermediate SJP results have been released but the results for the Spring 2020 SAQ examination are subject to delays.

**ST2 / CT2:** who have otherwise progressed as expected and are required to complete their FRCEM Primary examination will be awarded an outcome 10.1 code C1 as this examination was cancelled. Their subsequent progress towards the FRCEM Intermediate should be monitored closely given the considerable examination burden left within the ST3 year of training.

**ST3:** Progression to HST at ST3 requires trainees to have acquired the Intermediate FRCEM. As the FRCEM Intermediate was scheduled as planned at the start of the COVID-19 period, trainees due to complete ST3 / CT3 who have not completed the FRCEM Primary and Intermediate examinations will be awarded an OC3 to allow for completion of the exam. For ST3 / CT3 who are **LFTT and out of sync** with the academic year, and have not completed their FRCEM Primary and Intermediate exams, it will be a local school's decision to award a possible code 10.1 code C1

**ST6:** Trainees who are progressing as expected and are required to complete their FRCEM Final will be given an outcome 10.2 code C8 and will have their CCT extended to allow them to sit the postponed examinations.

## **8. ARCP – Curricular Requirements (Also see Appendix A for further detail)**

Revised checklists and a minimum data set for safe progression have been defined.

### **CT1 / ST1 ACCS**

Many of the ACCS competences are generic and can be gained in a number of specialties in general over a 2-year time frame.

For ST1 / CT1 a Summer 2020 ARCP may not take place as a result of COVID-19.

- If there is no ARCP a no outcome can be recorded and an N code supplied indicating N13 and specifying the reason as being due to COVID-19.
- At ARCP any CT1 / ST1 with remaining EM / AM competences and no other concerns can be awarded an outcome 10.1 code C12 so long as the trainee has not been redeployed. If the trainee has been redeployed this should be a code C3, remaining competences should be described and can then be acquired in the CT2 /ST2 year.

TSC advise an ARCP should take place for CT1 / ST1 by Autumn 2020. This is a unique programme over two years encompassing four different specialities. An early focus on this subgroup of trainees in year 2 of training will be essential.

## **CT2 / ST2 ACCS**

All ST2 / CT2 ACCS trainees will have an ARCP (see Appendix A). This is a critical transition point of training.

**CT2 / ST2 Anaesthetics:** trainees required to complete:

- Initial Anaesthetic Competences (IAC)
- Log book
- Multiple consultant report (MCR)

Trainees may be less likely to get anaesthetic competency opportunity and gain sign off for all components. Those who have not completed IAC but there are no other concerns will obtain an outcome 10.1 code C3 and will be required to complete the IAC in the following training year. This may not be practical for certain trainees who are doing anaesthesia in CT1/ST1 year and the Head of School will decide at which stage Anaesthesia experience may continue i.e. Year 2 or 3.

At the time of writing, rotations are planned to proceed for August 2020. If there is inadequate anaesthesia experience then the trainee **MUST** re-do a period in CT2 Anaesthesia to gain an IAC. This may either be straight after the ST2 / CT2 training year, as part of the ST3 / CT3 training year or is required to be done as part of an extension to training outcome 3 at the next ARCP. Further advice to Heads of School for those trainees who have not obtained IAC will follow.

DRE-EM trainees who have not completed IAC but have all other ACCS competences by the end of 24 months will require an extension on outcome 10.2 if this is as a result of COVID-19.

Trainees who are experiencing difficulties in completion of IAC should be identified by Heads of School as soon as possible.

## **CT3 / ST3**

- ST3 who have FRCEM Intermediate but are missing courses (code C2) or trauma / paediatric emergency medicine curricular elements (code C12) as a direct result of COVID-19 and no other concerns should be awarded an outcome 10.1 with supplementary C codes.
- CT3 trainees who have FRCEM Intermediate, no other concerns but are missing courses or trauma / paediatric emergency medicine may not be guaranteed an outcome 10.2 extension. Some trainees may not wish to have an extension e.g. if time out of training planned. An outcome 10.1 code C2 and or C12 should be viewed as a no fault outcome for exiting training.

- Personal specifications for HST for 2020 entry have already been completed. Those CT3 trainees who have already secured an ST4 training post for 2020 should make up the missing competences in ST4. Heads of School should identify these trainees and ensure their training plans are met. Personal specifications for HST 2021 will require amendment.
  - Supplementary codes will be used to document the reason for the award of Outcome 10.1 such as C2 (unable to complete course) or C3 (unable to complete curricular elements due to redeployment) or C12 (other unable to complete curricular elements due to service changes due to COVID-19)
  - The capabilities to be developed in ST4 year should be documented on the ARCP form.
- Trainees due to complete CT3/ST3 but who have not completed FRCM Intermediate will get an outcome 3 (see Examinations section above).

#### **ST4 - ST5**

These trainees may not have an ARCP in Summer 2020 unless development of specific capabilities or inadequate progress has already been identified, in which case an ARCP should be prioritised.

Where there was no ARCP in Summer 2020 the trainee will have a no outcome recorded and an N code supplied indicating N13 and specifying the reason as being due to COVID-19.

ST4 / ST5 trainees are usually not at a rate-limiting step in their training. They can be allowed to progress to the next year of their training and an ARCP in late 2020 will be undertaken.

- Progress in higher specialty training will rely on the provision of the minimum data set for the training year.
- Trainees should be able to progress on an outcome 10.1 code C12 where there has been evidence of obvious engagement with training and no other concerns.
- An action plan and personal development plan will be put in place to outline any competences which need further development.
- If there are specific 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.

## **ST6**

Trainees must pass the FRCEM Final exam prior to obtaining their CCT. However, for some trainees this may now not be possible due to examination postponement. Trainees cannot CCT without passing the relevant examination.

- RCEM Examinations Subcommittee are identifying all ST6 trainees who have been affected by the postponement of the FRCEM Final examinations in Spring 2020 and who are within a 6 month period of their CCT.
- These trainees will be awarded an outcome 10.2 code C8 and automatically have their CCT extended to the date of the results of the next FRCEM Final examinations.
- Heads of School and the trainee will be informed of the CCT extension.

All other ST6 should have an ARCP in Summer 2020.

### **Paediatric Emergency Medicine (PEM) Subspecialty training**

Trainees affected by COVID-19 who have been unable to complete curricular elements will be awarded an outcome 10.2 code C12 or code C3 if redeployed. If there has been redeployment back to emergency medicine, then the overall time to CCT may remain the same if there is sufficient evidence provided to count this towards training.

### **9. Other Curricula Activity: Audit / QIP / Management Portfolio**

There is a recognition that audit / QI activity may have stopped during the pandemic. If an audit has not been completed for the training year, this should not affect progression. Trainees are required to produce evidence of audit / QI activity on an annual basis and therefore should ensure this is completed in the following training year.

Trainees required to complete the FRCEM QIP for the award of CCT will be given updated guidance in due course.

Trainees pre-ST6 will be allowed to progress if they have not completed a management project for the year of training as this can be deferred to the following year of training.

If the trainee has not been able to complete a RCA by the end of ST6, the STR should document that the trainee has a sound understanding of the principles of RCA demonstrated by a thorough discussion of a previous incident investigation with the ES.

## 10. Acting up as a Consultant

TSC advise that trainees should normally complete the FRCM examinations prior to acting up as a consultant (AUC). In these exceptional circumstances a trainee may wish to complete their FRCM examination whilst AUC and may be permitted to do so on an outcome 10.2 code C8 within their own training region, so long as there are no other concerns. To proceed, there must be Head of School agreement, including a written statement that the trainee has the required capabilities for acting up and fulfils all the other conditions as per [2016 AUC document](#).

## Appendix A – RCEM ARCP Requirements

Year	Suggested ARCP outcome	Minimum data set	Planned ARCP
<p><b>ST1/ST1</b></p> <p>Formal ARCP in Summer 2020 mandatory for trainees identified as having potential concerns / applied to different speciality-modified panel acceptable.</p> <p>Formal ARCP in Summer 2020 desirable for all other trainees. If not practical may be delayed to late 2020</p>	<p><b>N13 COVID19</b> if no ARCP held summer 2020</p> <p><b>Use GG8 4.9.1 outcomes</b></p> <p>If minimum data set met and no other concerns <b>OC1</b></p> <p>If minimum data set not met, COVID-19 related and no other concerns use <b>OC10.1</b> use other supplementary codes as required:</p> <p><b>C3:</b> redeployment - could not acquire appropriate curriculum experience e.g. anaesthesia redeployed to ICM  <b>C4:</b> prolonged self-isolation  <b>C6:</b> incomplete information e.g. unable to obtain supervisor reports /STR  <b>C12:</b> other- could not acquire appropriate curriculum experience (not redeployed)</p> <p>Allow ALL to progress into CT2, unless clear evidence of no educational engagement / form R issues / STR raises concerns</p>	<p><b>The following evidence must be submitted by the trainee:</b></p> <ul style="list-style-type: none"> <li>• Structured Training Report (STR)</li> <li>• MSF</li> <li>• Form R</li> </ul> <p><u>Acute Medicine placement:</u>  Major Presentations: any 1  Acute Presentations: any 6</p> <p><u>Emergency Medicine placement:</u>  Major Presentations: any 2  Acute Presentations: AP 1, 6, 7, 18, 30  Practical Procedures: PP 11, 16, 18, 19  (airway / fracture and joint dislocation /wound care / primary Safeguarding level 2</p> <p><u>Anaesthetics placement:</u>  IAC sign-off  Log book</p> <p><u>ICU placement:</u>  11 ICU Practical Procedures (ICM 1-11)  Proxy evidence as statement in STR acceptable for  MSF  Common competences coverage and progress towards level 2</p>	<p>Review of all portfolios in Summer 2020 if not practical then by Autumn 2020 by standard panel process.</p> <p>Identify and tag required competences to be re-evaluated at ARCP 2021.</p> <p>Pragmatism is required as trainees will be in another part of the ACCS programme where EM/AM competences are not readily presentable</p>

Year	Suggested ARCP outcome	Minimum data set	Planned ARCP
<p><b>CT2/ST2</b></p> <p>Formal ARCP in Summer 2020 mandatory for all trainees.</p>	<p><b>Use GG8 4.91 outcomes</b></p> <p>If minimum data set met and no other concerns <b>OC1</b>.</p> <p>If minimum data set not met COVID-19 related and no other concerns e.g. no IAC <b>OC10.1</b></p> <p><b>C1:</b> FRCEM Primary postponed  <b>C2:</b> courses cancellation - e.g. APLS/ ATLS  <b>C3:</b> redeployment - could not acquire appropriate curriculum experience e.g. anaesthesia redeployed to ICM  <b>C4:</b> prolonged self-isolation  <b>C6:</b> incomplete information e.g. unable to obtain supervisor reports /STR  <b>C12:</b> other - could not acquire appropriate curriculum experience (not redeployed)</p> <p><b>Requires</b>  structured educational template to define requirements to address later in training (CT3 EM)</p>	<p><b>The following evidence must be submitted by the trainee:</b></p> <ul style="list-style-type: none"> <li>• Structured Training Report (STR)</li> <li>• MSF</li> <li>• Form R</li> </ul> <p><b>Evidence of curriculum coverage as appropriate for trainee's placements during the year:</b></p> <p><u>Acute Medicine placement:</u></p> <p>Major Presentations: any 1  Acute Presentations: any 6</p> <p><u>Emergency Medicine placement:</u></p> <p>Major Presentations: any 2  Acute Presentations: AP 1, 6, 7, 18, 30  Practical Procedures: PP 11, 16, 18, 19  Safeguarding level 2</p> <p><u>Anaesthetics placement:</u></p> <p>IAC sign-off  Logbook</p> <p><u>ICU placement:</u></p> <p>11 ICU Practical Procedures (ICM 1-11)</p> <p><b>Evidence of minimum elements for CT1/ST1 &amp; CT2/ST2 as a whole (subject to agreement from ICACCST):</b></p> <p>Major Presentations: 5/6</p>	<p>Formal review at ARCP in Summer 2021 as part of CT3 EM ARCP. TPDs to monitor trainees through this training year with educational template progress and attainment, balanced against CT3 curriculum progress</p>

		<p>Acute Presentations: 20/38 Practical Procedures: 16/44 (excl. IAC) IAC sign-off Logbook</p> <p><b>Proxy evidence as statement in STR</b> acceptable for MSF Common competences coverage and progress towards level 2</p>	
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Year	Suggested ARCP outcome	Minimum data set	Planned ARCP
<p><b>ST3</b></p> <p>Formal ARCP as this is a progression point to HST EM.</p>	<p><b>Use GG8 4.91 outcomes</b></p> <p>If minimum data met and no other concerns <b>OC1</b></p> <p>If trainee and has not completed FRCEM Intermediate <b>OC3</b></p> <p>If minimum data set not met COVID-19 related and no other concerns <b>OC 10.1</b> and use other supplementary codes as required:</p> <p><b>C2:</b> courses cancellation - e.g. APLS/ ATLS  <b>C3:</b> redeployment - could not acquire appropriate curriculum experience e.g. anaesthesia redeployed to ICM  <b>C4:</b> prolonged self-isolation  <b>C6:</b> incomplete information e.g. unable to obtain supervisor reports /STR  <b>C12:</b> other- could not acquire appropriate curriculum experience (not redeployed)</p> <p>Outline plan as feasible, with structured educational template to define requirements to address later in training (ST4 EM) if RTT.</p>	<p>STR (to also comment on GPCs / complimentary evidence)  MSF x1  Form R  FEG x 1  ESLE x 1</p> <p>CMP to include  adult summative medical (x1) and trauma resuscitation (x1)  CT3 MPs1a-e  C3AP2-9</p> <p>PMP 1-6 / APLS / other simulation as proxy evidence if no course  PEMP:</p> <p>venous cannulation/  airway assessment /  /primary survey</p> <p>PAP 1,5,6,9,15  Safeguarding level 3</p> <p>MRCEM awarded prior to 31 July 2018 or  FRCEM Intermediate</p> <p>ALS/ATLS/ APLS</p> <p><b>Proxy evidence acceptable as statement in STR for</b>  Courses  MSF  Common competences coverage to a minimum of level 2</p>	<p><b>Run through trainees</b></p> <p>Formal review at ARCP in Summer 2021 as part of ST4 EM</p> <p>ARCP against CT3 curriculum and areas also covered in ST4.</p> <p>TPDs to monitor trainees though this training year with educational template progress and attainment, balanced against ST4 curriculum progress.</p>

Year	Suggested ARCP outcome	Minimum data set	Planned ARCP
<p><b>CT3</b></p> <p>ARCP as this is a progression point to HST EM/completion point of core programme.</p>	<p><b>Use GG8 4.91 outcomes</b></p> <p>If minimum data met and no other concerns <b>OC6.</b></p> <p>Standard <b>OC3</b> if FRCEM Intermediate Exam failure (as this was sat before pandemic).</p> <p>If minimum data set not met COVID 19 related and no other concerns then <b>OC10.2</b> (Extension)</p> <p><b>C2:</b> courses cancellation - e.g. APLS/ ATLS  <b>C3:</b> redeployment - could not acquire appropriate curriculum experience e.g. anaesthesia redeployed to ICM  <b>C4:</b> prolonged self-isolation  <b>C6:</b> incomplete information e.g. unable to obtain supervisor reports /STR  <b>C12:</b> other- could not acquire appropriate curriculum experience (not redeployed)</p> <p>Or exit <b>OC10.1 Code C2</b> and/or <b>code C12</b> <b>(these are no fault outcome for exit training)</b></p>	<p>STR (to also comment on GPCs / complimentary evidence)  MSF x1  Form R  FEG x 1  ESLE x 1</p> <p>CMP to include  adult summative medical (x1) and  trauma resuscitation (x1)  CT3 MPs1a-e  C3AP2-9</p> <p>PMP 1-6 / APLS / other simulation as proxy evidence if no course  PEMP:  venous cannulation/  airway assessment /  /primary survey</p> <p>PAP 1,5,6,9,15  Safeguarding level 3</p> <p>MRCEM awarded prior to 31 July 2018  or  FRCEM Intermediate</p> <p>ALS/ATLS/ APLS</p> <p><b>Proxy evidence acceptable as statement in STR for</b></p> <p>Courses  MSF  Common competences coverage to a minimum of level 2</p>	<p>If extension awarded ARCP to be planned</p>

Year	Suggested ARCP outcome	Minimum data set	Planned ARCP
<p><b>DRE-EM</b></p> <p>All DRE-EM to have formal ARCP Summer 2020</p>	<p><b>Use GG8 4.91 outcomes</b></p> <p>If minimum data met and no other concerns <b>OC1</b></p> <p><b>DRE-EM year 1</b> If minimum data set not met COVID-19 related and no other concerns <b>OC10.1</b> use other supplementary codes as required</p> <p><b>DRE-EM year 2</b></p> <p>If minimum data set not met for each placement and COVID-19 related and no other concerns <b>OC10.1</b></p> <p><b>C2:</b> courses cancellation - e.g. APLS/ ATLS <b>C3:</b> redeployment - could not acquire appropriate curriculum experience e.g. anaesthesia redeployed to ICM <b>C4:</b> prolonged self-isolation <b>C6:</b> incomplete information e.g. unable to obtain supervisor reports /STR <b>C12:</b> other - could not acquire appropriate curriculum experience (not redeployed)</p> <p>DRE-EM year 2 who have not achieved IAC will receive <b>OC10.2</b> extension</p> <p>Outline plan as feasible, with structured educational template to define requirements to address later in training (ST4 EM)</p>	<p>As per requirements for placements/years of training cited above</p> <p><b>Proxy evidence acceptable as a statement in STR for</b> Courses MSF Common competences coverage to a minimum of level 2</p>	<p>Formal review at ARCP in Summer 2021 as part of ST3 DRE-EM or ST4</p> <p>ARCP according to seniority.</p> <p>TPDs to monitor trainees through this training year with educational template progress and attainment, balanced against ST3 DRE-EM curriculum progress for those at year 1 of DRE-EM programme or ST4 curriculum progress for those who have transitioned to HST in August 2020</p>

Year	Suggested ARCP outcome	Minimum data set	Planned ARCP
<p><b>ST4</b></p> <p>ARCP if schools have capacity Summer 2020 otherwise schedule later 2020</p>	<p><b>Use GG8 4.91 outcomes</b></p> <p>If minimum data met and no other concerns <b>OC1</b></p> <p>If minimum data set not met COVID-19 related and no other concerns <b>OC 10.1</b> use other supplementary codes as required</p> <p><b>C2:</b> courses cancellation - e.g. APLS / ATLS  <b>C3:</b> redeployment - could not acquire appropriate curriculum experience  <b>C4:</b> prolonged self-isolation  <b>C6:</b> incomplete information e.g. unable to obtain supervisor reports / STR  <b>C12:</b> other- could not acquire appropriate curriculum experience (not redeployed)</p> <p>Outline plan as feasible, with structured educational template to define requirements to address later in training (ST5 EM) if RTT.</p>	<p>STR</p> <p>MSF</p> <p>FGS</p> <p>ESLE x2</p> <p>Pro rata completion of WPBA to Feb 2020</p> <p>Progress to achieving level 4 sign off in common competences</p> <p><b>Proxy evidence acceptable as statement in STR for</b></p> <p>Courses  MSF  Common competences progress towards level 4</p>	<p>Formal review of portfolios in late 2020. All trainees will progress to ST5 unless clear evidence of lack of educational engagement / concerns raised on STR / form R</p>

Year	Suggested ARCP outcome	Minimum data set	Planned ARCP
<p><b>ST5</b></p> <p>ARCP if schools have capacity Summer 2020 otherwise schedule later 2020</p>	<p><b>Use GG8 4.9.1 outcomes</b></p> <p>If minimum data met and no other concerns = OC1</p> <p>If minimum data set not met COVID-19 related and no other concerns and = outcome 10.1 and use other supplementary codes as required:</p> <p><b>C2:</b> courses cancellation - e.g. APLS/ ATLS  <b>C3:</b> redeployment - could not acquire appropriate curriculum experience e.g. PEM or PHEM subspecialty training to EM  <b>C4:</b> prolonged self-isolation  <b>C6:</b> incomplete information e.g. unable to obtain supervisor reports /STR  <b>C12:</b> other- could not acquire appropriate curriculum experience (not redeployed)</p> <p>Outline plan as feasible, with structured educational template to define requirements to address later in training (ST6 EM) if RTT.</p>	<p>STR</p> <p>MSF</p> <p>FGS</p> <p>ESLE x2</p> <p>Pro rata completion of WPBA to Feb 2020</p> <p>2 items in management portfolio</p> <p>Ultrasound level one course / elearning done</p> <p><b>Proxy evidence acceptable as a statement in STR for</b></p> <p>Courses  MSF  Common competences progress towards level 4</p>	<p>Formal review of portfolios in late 2020. All trainees will progress to ST6 unless clear evidence of lack of educational engagement / concerns raised on STR / form R</p>

Year	Suggested ARCP outcome	Minimum data set	Planned ARCP
<p><b>ST6</b></p> <p>ARCP as critical transition point (CCT)</p>	<p><b>Use GG8 4.9.1 outcomes</b></p> <p>If minimum data met and no other concerns <b>OC6</b></p> <p>If minimum data set not met COVID-19 related and no other concerns <b>OC 10. 2</b></p> <p>Use other supplementary codes as required:</p> <p><b>C3:</b> redeployment - could not acquire appropriate curriculum experience e.g. PEM or PHEM subspecialty training to EM</p> <p><b>C4:</b> prolonged self-isolation</p> <p><b>C6:</b> incomplete information e.g. unable to obtain supervisor reports /STR</p> <p><b>C11:</b> courses cancellation - e.g. unable to achieve US Finishing School Sign Off</p> <p><b>C12:</b> other- could not acquire appropriate curriculum experience (not redeployed)</p> <p>Outline plan as feasible, with structured educational template to define requirements to address later in training (ST6 EM) if RTT.</p>	<p>Final FRCEM complete</p> <p>STR</p> <p>MSF</p> <p>FGS</p> <p>ESLE x1</p> <p>Completion of all curriculum items</p> <p>3 items in management portfolio</p> <p>Ultrasound level one complete</p> <p>Safeguarding level 3</p> <p><b>Proxy evidence acceptable as statement in STR for:</b></p> <p>Courses</p> <p>MSF</p> <p>Common competences at 23/25 domains are at level 4</p>	<p>If minimum data set not met will need details of subsequent training period requirement and next ARCP date</p>

## Appendix B – List of Possible COVID-19 ARCP Outcomes (see GG8 4.91)

Outcome 1	Trainee shows competency and attainment progress against essential minimum competency framework
Outcome 2	Trainee requires continued development without training time extension; this would usually include areas such as none technical skill development, areas highlighted in the MSF, issues relating to professionalism.
Outcome 3	Trainee has shown inadequate educational engagement, or there are issues that require stopping trainee progress and additional training time is required
Outcome 3 (exam)	Trainee has not completed required examinations to progress at Summer 2020 ARCP for CT3 / ST3 EM
Outcome N13	No Summer 2020 ARCP undertaken, trainee will progress, but Autumn ARCP will evaluate training year against essential minimum competency framework (ACCS CT1 EM / ST4 and ST5 higher EM training)
Outcome 10.1	Progress is satisfactory but the acquisition of competences/capabilities by the trainee has been delayed by COVID-19 disruption. Trainee can progress.
Outcome 10.2	Progress is satisfactory but the acquisition of competences/capabilities by the trainee has been delayed by COVID-19 disruption. Trainee is at critical point and additional training time is required.

### Supplementary C codes due to COVID-19 disruption are:

<b>Code C2</b>	Courses cancellation - e.g. APLS/ ATLS
<b>Code C3 redeployment</b>	Could not acquire appropriate curriculum experience e.g. anaesthesia redeployed to ICM or in a sub- speciality training programme PHEM, PEM redeployed to EM
<b>Code C4</b>	Prolonged self-isolation
<b>Code C6</b>	Incomplete information such as unable to obtain supervisor reports / STR
<b>Code C8</b>	Royal College examination postponement with trainee at CCT date
<b>Code C9</b>	Course cancelled for a trainee at CCT
<b>Code C11</b>	Courses cancellation for trainee at critical progression point (not CCT) with no derogation e.g. Ultrasound Sign Off
<b>Code C12 other</b>	Could not acquire appropriate curriculum experience such as AM, EM or PEM / trauma;

An educational template / PDP must be completed to detail outstanding requirements and expected training time which should ideally be the during the next training year. Trainee can progress to next stage of training as overall progress may be satisfactory. Any additional training time will be reviewed at the next ARCP.

**Outcome 6** Trainee has completed all training requirements to complete programme (CT3 EM / ST6 EM).

## References and Useful Information

[Supporting the COVID-19 Response: Guidance Regarding Medical Education and Training](#), from the four UK Statutory Education Bodies (HEE, NES, HEIW and NIMDTA), published 10 March 2020

[Gold Guide 8<sup>th</sup> Edition, 31 March 2020](#)

[GG8 Derogation – COVID Outcome 10.1 and 10.2](#)

[Supporting the COVID-19 response: Enabling Progression at ARCP](#) from the four Statutory Education Bodies (SEB), published 6 April 2020.