

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.

Annex A – ARCP Outcomes 10.1 and 10.2 (COVID) - FAQs

1. Should a trainee that is shielding be awarded an Outcome 10.2?

Shielding is a contractual arrangement and clarity may need to be sought from the employer. Where a trainee has not been working at all during this time, the time off would be recorded on the Form R as Time Out of Training and the CCT moved accordingly. In most cases, however, trainees will have worked, albeit in a modified way, performing non patient facing roles such as triage, validation exercises and research and perhaps patient telephone and virtual consultations.

In this case the experience and competencies gained should be considered by the ARCP panel. An Outcome 10.1 would be awarded, unless the trainee is at a critical progression point, illustrated in the flow chart. If there was an initial period of more than 2 weeks where a trainee was not working, before new tasks were identified and arranged, this should be recorded on the Form R and the panel should consider whether it is necessary to adjust the CCT (as would usually occur for time out of training) along with the award of an Outcome 10.1.

2. Should a 10.2 be awarded where a trainee has not achieved the required examination at the end of ST2 or ST3?

No, because the College has made a derogation at these 2 critical progression points, an Outcome 10.1 should be awarded.

3. If the trainee has fulfilled all the requirements that now exist, within the derogations, can an Outcome 1 be awarded?

An Outcome 1 is awarded when a trainee has achieved all the usual expected competencies and experience from the training year. Where the derogations are utilised, including reduced numbers of WpBAs, an Outcome 10.1 should be awarded.

The only exception to this would be where all evidence is included in the portfolio, but the trainee has only 3 CS reports for the year. If the 'missing' report is due to the unavailability of the trainer rather than because of reduced training opportunity per se, an Outcome 1 could be awarded. In all other cases the 10.1 should be used.