RCOphth ARCP Guide 2022 – derogations

Introduction

Ophthalmologists in training and educational teams should be mindful of the short-term nature of the curriculum derogations as listed further below. They were first introduced in 2020 due to COVID-19 to mitigate against the impact of the disruption on training progression, and subsequently revised in 2021. It is unlikely that any curriculum derogations will be in place in 2023.

2022 derogation changes are summarised at Appendix 3.

Challenges have continued throughout the last 12 months and we are conscious that training is likely to continue to be disrupted well into 2022.

Many trainees have lost training time and opportunities have been reduced due to the limitations imposed by the need for social distancing, reduced outpatient clinic numbers and limited operating theatre lists.

It is imperative that progression at the expected rate is actively supported whilst maintaining patient safety and trainee wellbeing. Only by doing this can we maintain the pipeline of consultants for the NHS. We have witnessed trainees and trainers being committed to progression, in spite of the limitations, working in novel ways in the clinical setting and using simulation more than ever before to develop practical skills.

This document outlines how portfolio evidence should be assessed for 2022 to support progression in a safe way.

ARCPs

The 2022 ARCPs will be held to the standards outlined in the 8th Edition of the Gold Guide (GG8). The GG8 derogations applied in 2020 and 2021 in regard to Outcomes 10 (COVID) (Outcome 10.1 and Outcome 10.2) will continue.

The purpose of the ARCP remains 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.

Critical progression points

Critical progression points in the Ophthalmic Specialist Training (OST) curriculum normally are: the end of ST2, where the Part 1 FRCOphth examination and evidence of completion of 50 cataracts is required; the end of ST3 where the Refraction Certificate is required; the end of ST6 where the majority of curricular requirements must be evidenced in order to undertake a Trainee Selected Component (TSC) in ST7.

In **2020** all, but the final requirement, were derogated in order to allow progression for most trainees. Derogations for annual workplace-based assessments (WpBAs) were also applied.

The following critical progression points were introduced in **2021** and will continue to be in place for **2022**:

End of ST3 – FRCOphth Part 1 is required for progression.

This is a progression point that was moved from the end of ST2 to the end of ST3 in 2020 and is maintained at that point this year. We do not believe patient safety is impacted by the delay and there will still be adequate time during the rest of training to complete all examinations. As this examination is an effective measure of basic and clinical knowledge, further delay is not felt to be acceptable.

End of ST4 – Refraction Certificate is required for progression.

This is a progression point that was moved from the end of ST3 to the end of ST4 in 2020 and is maintained at that point this year. We do not believe patient safety is impacted by the delay and there will still be adequate time during the rest of training to complete all examinations. As this examination is used to assess a vital clinical skill, further delay is not felt to be acceptable.

End of ST6 – the majority of the evidence for curricular requirements, including cataract surgery cases (350) should have been achieved or have a plan for achievement in place before the trainee embarks on a TSC in ST7.

Some curriculum derogations continue to be in place for WpBAs where annual requirements remain difficult to achieve. The ARCP decision aid is at **Appendix 1**.

Possible Outcomes

Non-assessments

The appropriate 'N' code is selected where an ARCP has not been delivered: N1 for sick leave, N2 for parental leave, etc.

Outcomes resulting in progression at the expected rate

Outcome 1

It is likely that some trainees will have achieved all of the examinations, WpBAs, surgical numbers and clinical experience required for their year of training (and completed any requirements deferred form the preceding year), fully meeting the requirements of the OST curriculum. Outcome 1 should therefore be awarded.

https://curriculum.rcophth.ac.uk/curriculum/ost/assessments/annual-review-of-competence-progression-arcp-guidance/

Outcome 2

Where concerns are raised in the Educational and Clinical Supervisor reports that are not linked to COVID-19, and these are acknowledged by the trainee as such, an Outcome 2 should 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 ARCP panel.

Outcome 10.1

Where acquisition of some competencies has been delayed by the impact of COVID-19, but there should be opportunity for these competencies to be attained later in training, an Outcome 10.1 should be awarded. This might include examinations, WpBAs, surgical or clinical experience. This might include some capabilities that were deferred from 2021 (**Appendix 1**).

Providing the trainee has attained the minimum mandatory requirements described for the year of training, an Outcome 10.1 can be awarded and the trainee can progress to the next year of training. This will not result in any additional training time.

When an Outcome 10.1 is awarded, it is important that the required evidence of capabilities to be developed by the next ARCP is recorded on the ARCP Outcome form, together with the planned timescale (which can be 12 months where the panel are happy with this).

Where an Outcome 10.1 is used, as many '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 6

It is likely 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. Outcome 6 should therefore be awarded.

An Outcome 6 can also be awarded where the trainee meets the minimum mandatory requirements agreed with the GMC, under the COVID-19 derogation agreement. These derogations have been agreed, as it is felt that the required capabilities can be assessed using reduced numerical criteria. In some limited circumstances assessment in simulation is accepted in place of in vivo assessment. This is acceptable where the local ARCP panel agrees that the usual in vivo opportunities have not existed. (**Appendix 1**).

An Outcome 10.2 should be awarded to allow additional training time where the trainee has failed to meet these minimum mandatory requirements.

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 curricular competencies and can be awarded an Outcome 6; however, they will not have received the benefit of advanced training during their TSC due to service disruption. The RCOphth would be supportive of additional TSC training being delivered in the Period of Grace. Where necessary, additional posts for TSC opportunities may need to be created.

Outcomes resulting in additional training time

Outcome 3

Where concerns are raised in the Educational and Clinical Supervisor reports that are not linked to COVID-19, and these are acknowledged by the trainee as such, an Outcome 3 should be awarded to give additional training time, in accordance with the GG8. This might include training needs previously identified with the award of an Outcome 2, 3 or 10.2 at a previous ARCP.

Awarding an Outcome 3 means that the training clock stops for the period agreed by the panel.

Timely feedback should be given to the trainee by a member of the ARCP panel and necessary support put in place.

Outcome 10.2

This will be awarded where progression has in general been at the expected rate, but acquisition of some competencies has been delayed by the impact of COVID-19; this might include examinations, WpBAs, surgical or clinical experience. The trainee has not reached the minimum mandatory requirements to be awarded an Outcome 10.1.

Awarding an Outcome 10.2 means that the training clock stops for the period agreed by the panel.

Where an Outcome 10.2 is used, as many '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.

When an Outcome 10.2 is awarded, it is important that the required evidence of capabilities to be developed by the next ARCP is 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 ARCP panel and necessary support put in place.

This Outcome may be required in ST7 where the trainee does not meet the minimum mandatory requirements to be awarded an Outcome 6 due to the impact of COVID-19. 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. Plans for completion of training to gain CCT or progress to TSC should be discussed.

Other Outcomes

Outcome 4

The ARCP panel need to carefully consider whether the trainee has had the benefit of the full extension of training time previously awarded to address any training needs, and whether COVID-19 has impacted on this. Senior Deanery advice should be sought in these cases.

Timely feedback should be given to the trainee by a member of the ARCP panel.

Outcome 5

As is usual, this outcome should be rarely required. It can be used where the panel can make no statement about progress or otherwise where either no or incomplete information has been supplied, but will be available within an 8-week period. (GG8 4.91 Footnote 12)

Outcome 8

Outcome 8 is appropriate where trainees were undertaking Out of Programme (OOP) experience and have provided the required reports from their supervisor.

Where research or other experience has been disrupted due to COVID-19, 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 RCOphth will be supportive of Trainees on OOP applying to their Postgraduate 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.

Moving into TSCs, Fellowships and Acting Up as Consultant posts

TSCs

It has been a previous recommendation that trainees should achieve their curricular 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 Training Programme Director (TPD) should use the Training Recovery Plan form (**Appendix 2**).

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.

It should be remembered that the TSC is not a curricular requirement for Outcome 6.

The Period of Grace (PoG) refers to time remaining in a training programme after an Outcome 6 has been awarded. Where ST7 trainees have achieved all their curricular 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. (To re-iterate the PoG cannot be used to acquire curricular requirements, as it can only be granted after an Outcome 6. An extension of training is needed where curricular requirements remain.)

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 Plan form **(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

Trainees 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, 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. Local discussion with the Postgraduate Dean should take place.

Appendix 1. ARCP decision aid – Derogations for Outcomes 10.1 and Outcome 6

Evidence previously deferred from 2021

Progression Point	OST1 to OST2	OST2 to OST3	OST3 to OST4
Form R	All doctors in training are required to complete a Form R.		
Educational Supervisor Reports (ESRs)	Minimum of 2 reports: 1 from each 6-month period confirming acceptable progression.		
Clinical Supervisor Reports (CSRs)	Minimum of 4 reports: 2 from 1st 6-month period and 2 from 2nd 6-month period confirming acceptable progression.		
Examinations	n/a	(derogation) FRCOphth Part 1 – where not achieved, Outcome 10.1 can be awarded and exam can be added to Action Plan for OST3.	FRCOphth Part 1 may have been deferred to OST3 from the 2021 ARCP. This is required for further progression to OST4. (derogation) Refraction Certificate – where not achieved, Outcome 10.1 can be awarded and exam can be added to Action Plan for OST4.
Case-based Discussions (CbDs)	(derogation) There is an indicative requirement of 8* CbDs for Outcome 10.1. There is no requirement to 'catch up' on the usual 10 annual CbDs for future ARCPs, but the portfolio should demonstrate CbDs across the full range of special interest areas by the time of CCT. Appropriate focus for these should be added to the action plan.		
CRS, DOPS, OSATS	All CRS assessments should be complete. DOPS PS11 (foreign body removal) and PS22 (irrigation) should be complete. (derogation) DOPSBi can be deferred until OST2.	Outstanding CRS, OSATS and DOPS deferred from OST1 should all be complete. All CRS should be complete, except CRS10a (direct ophthalmoscopy) (derogation), which can be deferred to OST3.	All CRS, including those previously deferred from OST2, should be complete, except CRS10a (direct ophthalmoscopy) (derogation), which can be deferred to OST4. (derogation) CRSRet can be deferred until OST4.

	OSATS2 must be complete (and can be assessed in a simulated environment). OSATS3 must be complete. Outstanding CRS, DOPS and OSATS should be documented in the Action Plan to be completed for the subsequent ARCP.	All DOPS should be complete with the exception of DOPS PS13 (suture removal) (derogation) that could be deferred until OST3. (derogation) OSATS1 SS1 (surgical skills) and SS7 (lid surgery) can be deferred to OST3. Outstanding CRS, DOPS and OSATS should be documented in the Action Plan to be completed for the subsequent ARCP.	DOPS PS13 (suture removal) should be complete. DOPS PS14 (bandage contact lens), PS5 (Local anaesthesia), SS16 (retinal laser) and SS15 (Laser for raised IOP) should be complete. (derogation) SS14 (laser to lens capsule) could be deferred until OST4 **only** in situations where this procedure has not been available. OSATS SS7 (lid surgery), including those deferred from OST3 respectively, should be complete. (derogation) OSATS SS4 could be deferred to OST4 **only** if there has been no cataract surgical opportunity. Outstanding CRS, DOPS and OSATS should be documented in the Action Plan to be completed for the subsequent ARCP.
EPA1	n/a		
Multisource Feedback (MSF)	1 MSF is required.		
Reflections	Reflections are encouraged.		
Surgical numbers	n/a	(derogation) There is no requirement for 50 cataracts to award an Outcome 10.1. It should be added to the Action Plan that at least 50* cataracts must be completed for progression at the end of OST3.	(flexible derogation) There is no requirement for 50 cataracts where this was deferred from OST2 to award an Outcome 10.1 **only** if there has been inadequate cataract surgical opportunity. Where there has been opportunity for surgery, maintenance of skills should have been demonstrated, and where there has been significant opportunity progression of skills should have been demonstrated for an

			Outcome 10.1. Information from the Clinical Supervisor report should be used to inform this decision. It should be added to the Action Plan that at least 100* cataracts must be completed by the end of OST4.
Other evidence	Other evidence such as QIP projects, audit, research, CPD, letters of thanks or complaints should be considered in the usual way. Where action is required in the subsequent training year, this should be recorded in the Action Plan.		
Clinical exposure	There should be opportunity to repeat any missed or reduced clinical exposure later in the training programme. Consider whether the next planned post need to be adjusted and add to the Action Plan, where this is the case.		Consider whether additional clinical exposure is required in a clinical special interest area. Where future rotations or posts can be adjusted to accommodate this (this will usually be the case) an Outcome 10.1 can be awarded. Add this to the Action plan.

*numbers are indicative. These are the numbers we think are likely to be necessary to demonstrate the breadth of the curriculum is covered to the required standard.

Progression Point	OST4 to OST5	OST5 to OST6	OST6 to OST7
Form R and Self-declaration Form	All doctors in training (HEE only) are required to complete a Combined Form R and Self-declaration Form.		
Educational Supervisor Reports (ESRs)	Minimum of 2 reports: 1 from each 6-month period confirming acceptable progression.		
Clinical Supervisor Reports (CSRs)	Minimum of 4 reports: 2 from 1st 6-month period and 2 from 2nd 6-month period confirming acceptable progression.		
Examinations	Refraction Certificate, where deferred previously, is required for Outcome 10.1.	n/a	n/a
Case-based Discussions (CbDs)	(derogation) There is a minimum requirement of 8* CbDs for Outcome 10.1. There is no requirement to 'catch up' on the usual 10 annual CbDs for future ARCPs, but the portfolio should demonstrate CbDs across the full range of Special interest areas by the time of CCT. Appropriate focus for these should be added to the Action plan.		

<table>
<tr><td rowspan="2">CRS, DOPS, OSATS</td><td>All CRS assessments, including those deferred from OST3 should be complete. This includes CRSRet.

All DOPS deferred from OST3 should be complete.

OSATS SS1 (surgical skills) including those deferred from OST3 should be complete.

(derogation) OSATS SS4 only if there has been no cataract surgical opportunity. However, if SS4 was deferred from ST3 it must now be complete.

Outstanding OSATS should be documented in the Action Plan to be completed for the subsequent ARCP.</td><td>CRS assessments should be complete, including those deferred from OST4.

OSATS SS1 (surgical skills) including those deferred from OST4 should be complete.

(derogation) OSATS SS4 can be deferred to OST6 only if there has been no cataract surgical opportunity. However, if SS4 was deferred from ST4 it must now be complete.

Outstanding OSATS should be documented in the Action Plan to be completed for the subsequent ARCP.</td><td rowspan="2">CRS assessments should be complete, including those deferred from OST5.

OSATS SS1 (surgical skills) including those deferred from OST5 should be complete.

(derogation) OSATS SS4 can be deferred to OST7 only if there has been no cataract surgical opportunity. However, if SS4 was deferred from ST5 it must now be complete.

Outstanding DOPS and OSATS should be documented in the Action Plan to be completed for the subsequent ARCP. Where a trainee will be embarking on a TSC in the next training period, an arrangement should be secured to ensure that the trainee will be able to achieve these competencies prior to the end of OST7.

Where there is a significant deficit in OST4-7 DOPS and OSATS that an Action Plan within the TSC cannot achieve, an Outcome 10.2 will be required.</td></tr>
<tr><td colspan="2">There should be evidence of engagement with the portfolio to sign off other OST4-7 DOPS and OSATS where there has been opportunity.</td></tr>
<tr><td>EPA1 (Cataract list)</td><td colspan="2">No requirement.</td><td>No requirement, but where a trainee will be embarking on a TSC in the next training period, an arrangement must be secured to ensure the trainee can complete these assessments prior to the end of OST7.

Where this is not possible, an Outcome 10.2 may be necessary to extend training before the start of the TSC.</td></tr>
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Multisource Feedback (MSF)	1 MSF is required.	
Reflections	Reflections are encouraged.	
Surgical numbers	n/a	No requirement for OST6, but plans must be in place to ensure the trainee will achieve targets by the end of OST7. With regard to cataract surgery, as well as achieving the overall curricular requirement of 350* cases, consideration should be given to the amount of recent surgery and the trainee's likely level of confidence as they reach the end of ST7. This will be particularly important where the trainee is expected to embark on a TSC. Where CCT target cannot be met within the existing plans, an Outcome 10.2 may be necessary to extend training before the start of the TSC.
Other evidence	Other evidence such as QIP projects, audit, research, CPD, letters of thanks or complaints should be considered in the usual way. Where action is required in the subsequent training year, this should be recorded in the Action Plan.	
		For trainees who will be embarking on a TSC, there should be an agreement in place to ensure they have the opportunity to address any outstanding training needs prior to the end of OST7.

Clinical exposure	Consider whether additional clinical exposure is required in a clinical special interest area. Where future rotations or posts can be adjusted to accommodate this (this will usually be the case) an Outcome 10.1 can be awarded. Add this to the Action plan.	Consider whether additional clinical exposure is required in a clinical special interest area. Where future rotations or posts can be adjusted to accommodate this (this will usually be the case) an Outcome 10.1 can be awarded. Consider how this can be done in time to allow a TSC in ST7. Add this to the Action plan.	Where additional clinical exposure is required in a clinical special interest area, consider whether an Outcome 10.2 is necessary at this stage to extend training before the TSC period. Amend the Action Plan.

*numbers are indicative. These are the numbers we think are likely to be necessary to demonstrate the breadth of the curriculum is covered to the required standard.

Award of Outcome 6 (including 2022 derogations)

Progression Point	End of OST7 (CCT)
Form R and Self-declaration Form	All doctors in training (HEE only) are required to complete a Combined Form R and Self-declaration Form.
Educational Supervisor Reports (ESRs)	Minimum of 2 reports: 1 from each 6-month period confirming acceptable progression.
Clinical Supervisor Reports (CSRs)	Minimum of 4 reports: 2 from 1st 6-month period and 2 from 2nd 6-month period confirming acceptable progression.
Examinations	Final Fellowship exam, RCOphth Part 2 written and clinical, are required for an Outcome 6. Where not achieved because of COVID-19, an Outcome 10.2 should be awarded to allow time to take the examinations at the next sitting.
Case-based Discussions (CbDs)	(derogation) A minimum of 8* CbDs must have been satisfactorily completed to award an Outcome 6. CbDs throughout training should cover the full range of special interest areas.
CRS, DOPS, OSATS	CRS, DOPS and OSATS must be completed for Outcome 6. 1 DOPS PS16 (corneal gluing) must be performed in vivo, as per standard curriculum requirement. (derogation) 1 OSATS1 SS11 (Temporal Artery Biopsy) is acceptable (instead of the usual 2). There are no further derogations. Where other CRS, DOPS and OSATS have not been completed an extension to training will be required and outstanding CRS, DOPS and OSATS should be documented in the Action Plan.
EPA1	2 EPA1s are preferred for an Outcome 6. (flexible derogation) Where only 1 has been formally completed, due to restrictions resulting from COVID-19, a testimonial from a Clinical Supervisor can be used as compensatory evidence for the second. If neither EPA1 has been formally completed, an extension to training is required.
Multisource Feedback (MSF)	1 MSF is required.

Reflections	Reflections are encouraged.
Surgical numbers	350 cataracts, 20 strabismus (derogation – where it is agreed it is difficult to attain locally, up to 10 cases of the indicative 20 can be undertaken in supervised simulation), 40 oculoplastic procedures, 30 glaucoma procedures and 40 retinal laser procedures are all required. Assisting at 2 (derogation) ptosis, 2 (derogation) corneal graft and 20 VR procedures is required for Outcome 6. (flexible derogation) A 50 consecutive cases audit of cataract surgery is required containing a minimum of complication data. It is accepted that the constraints of the pandemic mean full outcome data may not be available and the acceptability of this can be judged by the ARCP panel, according to local circumstances. Collection of outcome data on more than 50 consecutive cases will help to ensure that the cohort contains a reasonable number of cases with visual outcome and perhaps refractive data for the panel to consider and this is advised. (Trainees preparing their cataract audit for ARCP should be advised of local expectations by their Head of School/TPD.) Consideration should be made to the confidence of the trainee with regard to cataract surgery where the indicative number of 350 cases has been achieved throughout training but less than 60 have been performed in the last 2 years. Such trainees will have achieved the curricular requirement for Outcome 6 but opportunity to build confidence should be considered, for example in the Period of Grace.
Other evidence	Other evidence such as QIP projects, audit, research, CPD, letters of thanks or complaints should be considered in the usual way. There must be sufficient evidence for all Learning Outcomes in the curriculum for an Outcome 6, in line with usual practice An Outcome 10.2 may be awarded where this is not the case, with the competencies required clearly stated in the Action Plan.
Clinical exposure	If exposure to a clinical special interest area needs to be repeated to achieve curricular requirements, Outcome 10.2 must be awarded and recorded in the Action Plan. If curricular requirements are achieved, but further TSC experience is desirable to allow the trainee to progress into a consultant or fellowship post, an Outcome 6 can be awarded and further TSC experience planned during the Period of Grace.

*numbers are indicative. These are the numbers we think are likely to be necessary to demonstrate the breadth of the curriculum is covered to the required standard.

Appendix 2. Training Recovery Plan form

Trainee's Name	
NTN	
LETB/Deanery	
Next planned type of post	**TSC ☐ Fellowship ☐ Acting Up as Consultant ☐**
Special Interest Area	

The training of the above trainee has been affected by the COVID-19 pandemic. In order for them to progress into their next planned post it is required that support, training and assessment will be delivered to them during this period to achieve the competencies listed below.

These competencies should be achieved within a timescale of [*insert figure*] months, and will be reviewed by an ARCP panel after this period.

It is acknowledged that there may be some challenges in making the necessary arrangements to facilitate this, as it is possible it is outside of the usual training delivered in this post. Please confirm that this can be achieved.

TYPE OF COMPETENCY ASSESSMENT	**Specific details (e.g. names and numbers of WpBAs, number and type of surgical procedure, etc.)**
Examinations	
CbDs	
CRS, DOPS and OSATS	
EPA1	
MSF	
Surgical numbers	
Other evidence	

We have discussed the above training needs and can make the necessary arrangements to facilitate acquisition of the required competencies during this post.

	NAME	**SIGNATURE**	**DATE**
Trainee			
TPD			
Educational Supervisor *(for the named post)*			
Lead Clinical Supervisor *(for the named post)*			

Appendix 3. Summary of derogation changes

Progression Point	2021	2022
All ST1-7 stages	The indicative requirement of CbDs for Outcome 10.1 was 6	The indicative requirement for CbDs has increased to 8 per year
OST1 to OST2	OSATS3 could be deferred until OST2 if no surgery had been performed	OSATS3 must now be complete
OST2 to OST3	Outstanding CRS, OSATS and DOPS deferred from OST1 should all be complete, with the exception of DOPSBi which could be deferred to OST3 where necessary	All outstanding CRS, OSATS and DOPS deferred from OST1 should now be complete – DOPSBi is no longer the exception
OST3 to OST4	DOPS PS13 (suture removal), where deferred from OST2, could be deferred until OST4	DOPS PS13 (suture removal) should now be complete
	SS14 (laser to lens capsule) could be deferred until OST4	SS14 (laser to lens capsule) could be deferred until OST4 **only** in situations where this procedure has not been available
	OSATS SS7 (lid surgery) deferred from OST3 could be deferred until OST4	OSATS SS7 (lid surgery), including those deferred from OST3, should now be complete
	OSATS SS4 could be deferred to OST4 if there has been no cataract surgical opportunity	OSATS SS4 could be deferred to OST4 **only** if there has been no cataract surgical opportunity
	There is no requirement for 50 cataracts where this was deferred from OST2 to award an Outcome 10.1	There is no requirement for 50 cataracts where this was deferred from OST2 to award an Outcome 10.1 **only** if there has been inadequate cataract surgical opportunity
OST4 to OST5	OSATS SS7 (lid surgery) and SS4 (cataract surgery), including those deferred from OST3, could be deferred to OST5 if there had been no surgical opportunity	OSATS SS4 can be deferred to OST5 **only** if there has been no cataract surgical opportunity However, if SS4 was deferred from ST3 it must now be complete

		The OSATS SS7 (lid surgery) derogation has been removed
OST5 to OST6	OSATS SS4, including those deferred from OST4, could be deferred to OST6 if there had been no cataract surgical opportunity	OSATS SS4 can be deferred to OST6 **only** if there has been **no** cataract surgical opportunity However, if SS4 was deferred from ST4 it **must** now be complete
OST6 to OST7	OSATS (SS4), including those deferred from OST5, can be deferred to OST7 if there has been no cataract surgical opportunity	OSATS SS4 can be deferred to OST7 **only** if there has been **no** cataract surgical opportunity However, if SS4 was deferred from ST5 it **must** now be complete
End of OST7 (CCT)	2 DOPS PS16 (corneal gluing) may be performed in simulation (instead of the usual minimum requirement of 1 in simulation and 1 in vivo)	Simulation is no longer accepted for both DOPS PS16 (corneal gluing) – 1 must be performed in vivo