

REVISED – 27 MAY 2020

ARCP outcomes for CMT, ACCS-AM and BBT trainees who are expecting to finish this programme in August 2020

This guidance applies to trainees completing CT2 Core Medical Training (CMT), CT3 Acute Care Common Stem – Acute Medicine (ACCS-AM) and Broad Based Training (BBT) in 2020.

It is clear that the processes used to review trainees will be modified in the setting of the COVID-19 pandemic but there is also a need to sustain patient safety and so the following are suggested ARCP outcomes to try to provide consistency across the country.

1. Passed all parts of MRCP(UK), curriculum sign off, supervisor's reports and SLEs up to date: **OUTCOME 6**. Eligible to take up for any ST3 post to which they are appointed.
2. Passed MRCP(UK) Part 1 and Part 2, no PACES (or passed PACES and Part 1, but not Part 2) and unable to sit until Autumn 2020. Curriculum sign off, supervisor's reports and SLEs up to date: **OUTCOME 10.1 (C1)** but eligible to take up any ST3 post to which they are appointed. Progression beyond end of ST3 will not be possible without MRCP diploma. Will need a training plan at start of ST3 to address issues. Will need ARCP at the end of ST3 that reviews progress in outstanding issues.
3. Passed MRCP(UK) Part 1, no MRCP(UK) Part 2 or PACES and unable to sit until Autumn 2020. Curriculum sign off, supervisor's reports and SLEs up to date: **OUTCOME 10.1 (C1)** but eligible to take up for any ST3 post to which they are appointed. Progression beyond end of ST3 not possible without MRCP diploma. Will need a training plan at start of ST3 to address issues. Will need ARCP at the end of ST3 that reviews progress in outstanding issues.
4. Passed no part of MRCP(UK) and unable to sit until Autumn 2020. Curriculum sign off, supervisor's reports and SLEs up to date: **OUTCOME 3** and not able to progress. If failure to progress is felt to be largely caused by the impact of the Covid-19 pandemic an **OUTCOME 10.2** can be awarded. May be offered further period to train at CMT level or opportunity to achieve exams out with a training programme.
5. Passed full MRCP(UK). Curriculum sign off insufficient (may include procedures) and/or SLEs insufficient largely due to issues attributable to the COVID-19 pandemic. Is making progress and supervisor's report satisfactory: **OUTCOME 10.1 (C2)**, but eligible to take up any ST3 post to which they are appointed. Progression beyond end of ST3 not possible without adequate sign off of curricular objectives. Will need a training plan at start of ST3 to address issues (including if appointed to a Group 2 speciality). Will need ARCP at the end of ST3 that reviews progress in outstanding issues.
6. Passed MRCP(UK) Part 1, but not both MRCP (UK) Part 2 and PACES and unable to sit until Autumn 2020. Curriculum sign off insufficient (may include procedures) and /or SLEs insufficient largely due to issues attributable to the COVID-19 pandemic. Is making progress and supervisor's report satisfactory: **OUTCOME 10.1 (C1 and C2)** but eligible to take up any ST3 post to which they are appointed.

Progression beyond end of ST3 not possible without MRCP diploma and adequate sign off of curricular objectives. Will need a training plan at start of ST3 to address issues (including if appointed to a group 2 specialty). Will need ARCP at the end of ST3 that reviews progress in outstanding issues.

7. Passed no part of MRCP(UK) and unable to sit until Autumn 2020. Curriculum sign off insufficient (may include procedures) and/or SLEs insufficient largely due to issues attributable to the COVID-19 pandemic. Is making progress and supervisor's report satisfactory: **OUTCOME 3** and not able to progress. If failure to progress is felt to be largely caused by the impact of the Covid-19 pandemic an **OUTCOME 10.2** can be awarded. May be offered further period to train at CMT level or opportunity to achieve exams out with a training programme.
8. ARCP raises training, engagement or patient safety concerns. Panel feel more training time needed at CT2 level to address training concerns **OUTCOME 3** and additional training time required.

For any of these scenarios that may identify trainees whose subsequent progress will require careful monitoring.

ARCP progression in CMT, ACCS-AM and BBT CT3 and Internal Medicine Training (IMT)

Progression questions to advise ARCPs	
1. What and when are the critical progression points for training?	End of CT2 for CMT and CT3 for ACCS-AM and BBT. Critical progression points in IMT at IMY2 and IMY3 – not yet relevant
2. In the present circumstances associated with the pandemic what would be the minimum data set for each year of training? (e.g. workplace-based assessments etc)	Minimum data set: ES report and evidence of engagement (indicative 50% of SLEs for year), MSF, 2 MCRs, valid ALS (including extension, or assessed locally as per JRCPTB guidance). Will need to assess MRCP progress
3. What would be the criteria for non-progression?	Complete lack of engagement prior to COVID-19 pandemic or missing/poor ES report, MCRs or MSF (or other evidence) that raise significant performance or patient safety concerns
4. Are there any circumstances where a complete ARCP panel would be required rather than the 2 people ARCP panel that is being suggested? Should all panels have a lay rep?	Panels for the critical progression point at the end of CMT, ACCS-AM and BBT will need 2 person panel ideally, additionally, with a lay rep taking part virtually. For IMT 2 person panels will be satisfactory but with externality for 10% as this is a new programme. Preview of training records should be undertaken

to determine whether an outcome other than a 10 is likely. For these a three person panel would be required.

5. How will progression of trainees who have been unable to acquire capabilities in their core programme due to the impact of COVID -19 be facilitated especially if specific components of the curriculum have been unfulfilled?

As per guidance – most from CMT, ACCS-AM and BBT will progress to ST3 posts if staying in medical specialties but need the issues highlighted from ARCP incorporated into training plans. For trainees who wish to progress into other specialties e.g. General Practice, radiology, anaesthetics etc arrangements will have to be made to recognise how trainees may progress. For IMT trainees, gaps in experience should be noted from the ARCP and training programme adapted to ensure recommended experience is obtained.

6. Please provide advice regarding capabilities which may be gained in an acting up position or in a period of grace post CCT, within a defined education/development plan

N/A