National School of Occupational Health

Faculty of Occupational Medicine

Supporting the COVID-19 Response:

Management of Annual Review of Competency Progression (ARCP) - Interim arrangements for 2022

Why do we have to put into place these interim arrangements?

COVID19 pandemic has caused unprecedented circumstances with significant impact on occupational health services. The NHS Occupational Health (OH) has been extremely busy requiring change of practise and deploying staff including trainees away from usual day to day activity. On the opposite, many businesses and industries had to discontinue or reduce services due to Government advice on social distancing which significantly reduced the demand for OH services to non-key workers. Additionally difficulties have arisen as a result of cancellation of training courses, professional examinations (Part 1 and Part 2 MFOM), absence from work due to self-isolation and illness and unavailability of supervisors (clinical/educational) due to pressures of clinical work and redeployment. The latter also means that some accredited trainers (clinical/educational) may not be able to complete workplace based assessments or write detailed reports in a timely fashion and contribute to ARCP panels**.**

PURPOSE

1. The **purpose** of ARCP remains the same, which is to review the evidence presented by the trainee and their Educational Supervisor (ES), to assess whether the trainee is gaining capabilities at an appropriate rate and to decide whether the trainee is able to progress in their training or complete their training.

2. Therefore it is proposed that ARCPs, for trainees who are at critical progression points (e.g. where development of specific capabilities or inadequate progress has already been identified) should be prioritised for remote video/audio reviews. Others will continue in absentia as normal during the summer e.g. July 2022.

EVIDENCE

3. Where there are certain numbers required of WPBA/MSF returns/Patient survey returns a pragmatic reduction to 50% will be temporarily acceptable. The ES should explain briefly in their report why the full return was not possible. The trainee will carry over what is missing to the next ARCP.
The ES should confirm whether the trainee has achieved the pertinent competency despite missing required number of WPBAs. If the ES confirms the trainee has achieved the competency despite missing required number of WPBAs, then trainee only needs to carry over what is missing to the next ARCP (please see paragraph 4 below for an example). If the ES believed the trainee has not achieved the competency, the ES and trainee should agree and document an action plan to achieve the missing competency in the future which will be an addition to carrying over the missing number of WPBAs.

4. There will be certain mandatory requirements based on the faculty curriculum e.g. ST3 progression to ST4, part 1 MFOM, first aid workplace visit etc. If due to the COVID-19 situation, these have been unable to be fulfilled, then the ARCP panel will take a pragmatic view based upon the written opinion of the ES (within the annual report) to progress the trainee to the next level of training year e.g. ST 4 with an outcome 1. But in a detailed summary of that outcome the "missing mandatory requirements" will be expected to be fulfilled i.e. when the part 1 MFOM is restarted the trainee will be expected at the earliest opportunity to pass that exam during ST 4 year. This will also include the carryover of WBPA numbers e.g. 12 CBD's rather than 8 for a full time equivalent trainee. Clearly if the trainee has already delivered their standard number of assessments in their current year of training there will not be a need for any carryover to the following year.

5. Dissertation- it is possible that patient or service -related data evidence collection/feedback may not be able to be actioned at the moment. This may delay progression of the trainee to CCT. The ARCP Panel will make a decision on a case by case basis e.g. granting an extension to training if required. Having said that other components e.g. write up, discussions with study supervisor, researching papers, analysis, referencing could be undertaken. Also FOM continue to allocate dissertations to assessors and there is no reason to delay submission of the dissertation if it is ready to submit.

6. The Educational Supervisor Report (ESR) (Gold Guide 8:4.52 – 4.58) will be the key document in the minimum data set. The ESR should focus on the capabilities demonstrated by the trainee in the training review period, including relevant experience during COVID-19 which might contribute to acquisition of the Generic Professional Capabilities (GPC) required in curricula. For instance these include developing FAQs guidelines, attending pertinent meetings, answering queries etc. The trainee should provide a description of COVID-19 related activities and the ES should refer to them in their ESR.

7. The ESR should state whether there are significant issues and whether these were present pre-COVID-19 or as a result of COVID -19 and/or whether COVID -19 has contributed to them. If the ES is unavailable, an alternative medical educator with knowledge of the trainee (e.g. Clinical Supervisor, Training Programme Director) could complete the ESR.

If the trainee could not fulfil all training requirements[1] (mapped against FOM curriculum/ARCP decision aide), for example if only 4 CBD's are submitted instead of 8 the ES should complete the 'COVID-19 Educational Supervisor Statement' to explain what is missing, why, whether the trainee has achieved the competency and if not what the action plan is.

PROCESS

7. The Gold Guide defines in paragraph 4.69 that the panel delivering the ARCP process should normally consist of at least three panel members. Due to the expected difficulties in releasing panel members from clinical services during this pandemic, it is proposed that ARCP panels in 2022 will be convened to reduce the minimum requirement to **two panellists**. In these circumstances, Head of School (HoS), Associate Postgraduate Dean (APD) or (National) Training Programme Director (TPD) should be present. A retired educator or an ES can also contribute provided the ES is not the ES for the trainee, especially if there is heightened cause for concern for training to continue or not. A layperson could also be involved. The expectation would for the ARCP process to be delivered remotely by videoconference, telephone or similar.

[1] Including action plan from the previous ARCP

OUTCOMES

8. Where an ARCP has taken place, the outcomes described in the Gold Guide should be used where possible. For 2022, ARCP panels should make a holistic judgement on the progress of trainees based on a review of the evidence provided by trainees and ESs against the minimum data set, agreed compensatory evidence (50% reduction of WBPA or delayed professional exams etc.) and the Gold Guide-compliant ARCP decision aid developed, in response to COVID-19, by the Faculty of Occupational Medicine (FOM) and the speciality year of training.

9. If a trainee is achieving progress and the development of competences/capabilities at the expected rate but at ARCP it is noted that acquisition of some high level and rate limiting capabilities (e.g. dissertation or Part 2 exam) have been delayed because of COVID-19, the trainee should be awarded an **Outcome 10** (COVID). Supplementary codes will be used to document the reason for this outcome and the capabilities to be developed should be documented on the ARCP form. The trainee can progress to the next stage of training as overall progress may be satisfactory. An Action Plan (in the ARCP outcome feedback to the trainee and ES) and new Personal Development Plan (PDP) should capture and set out the required capabilities which will be expected at the next scheduled ARCP and the time point for this review defined. Any additional training time necessary will be reviewed at the next ARCP.

10. Where an ARCP has not taken place as a result of COVID-19, it is proposed that no outcome is recorded and an N code supplied indicating N13 and specifying the reason as being due to Covid-19. The trainee, if not at a rate-limiting step in their training (professional examination; mandatory course; specific capability), will be allowed to progress to the next year of their training when an early ARCP will be undertaken and a written Action Plan and Personal Development Plan will be put in place.

11. Where a trainee is at the end of a CCT programme and otherwise progressing satisfactorily but where a critical progression point criterion is missing (e.g. dissertation or Part 2 exam) as a consequence of COVID-19, the trainee will be awarded an Outcome 10 (COVID) and a clear written agreed action plan and Personal Development Plan put in place for a subsequent extended training period. The ARCP panel has the capability of extending 12 months beyond the normal 48 month full-time equivalent training period. Anything beyond that is at the discretion of the postgraduate Dean for occupational medicine and also the postgraduate Dean within the HEE /NES /NIMDTA region where the NHS trainee is currently delivering their role as exceptional circumstances. This does not apply to industrial trainees.

12. Where trainee has been furloughed or shielded on medical advice therefore was not actively performing tasks relevant to occupational medicine curriculum training, then the training clock towards a CCT will be stopped. The trainee must enter the dates accurately in the CCT calculator and also submit a statement including the period they were not active in training and the reason.

13. Clear occupational medicine criteria for non-progression INCLUDE-out of programme on a career break, sick leave, maternity leave.

REFERENCE

https://www.copmed.org.uk/images/docs/gold_guide_8th_edition/Gold_Guide_8th_Edition_March_2020.pdf