

## **Intercollegiate Committee for Acute Care Common Stem Training (ICACCST)**

### **COVID-19 and Trainee Progression in 2021**

*March 2021*

#### **Introduction**

As you may recall, we wrote to you on of 25<sup>th</sup> November 2020 to advise that that the four UK Statutory Education Bodies (HEE, NES, HEIW and NIMDTA), the Medical Royal Colleges and the General Medical Council were keeping the changes from 2020 to enable progression and minimise disruption in 2021 given the ongoing challenges to training due to the pandemic.

The Intercollegiate Committee for Acute Care Common Stem Training (ICACCST) has therefore produced this document to guide and support Heads of School and ACCS Leads in managing the assessment and progress of ACCS trainees from all three parent specialties – Acute Medicine, Anaesthesia and Emergency Medicine.

This year's advice is similar to that in the document circulated in May 2020 to support the 2020 ARCPs, however there is an important shift in emphasis towards using COVID-19 derogations only as the exception with the default expectation being "normal" curricular requirements. This reflects the Education Bodies' directive that that re-deployment of trainees should be very much a last resort, with far fewer being expected to work in different areas than was the case during the first wave of the pandemic. Secondly, and along similar lines, there is a much greater expectation that all aspects of training will continue to be fully delivered through this training year, including supervision, teaching, assessments, support and study leave.

#### **Purpose**

This document aims to:

- Promote and support flexibility in the assessment process to minimise any training disadvantages experienced by trainees during the pandemic
- Provide clarity to allow trainees and trainers to plan for the coming months
- Ensure a flexible approach to time off due to illness or meeting isolation requirements to ensure that any such instances do not unfairly disadvantage trainees

## **ARCP – Process**

The following groups will require an ARCP at the usual time in summer 2021:

- CT2/ST2 trainees at the end of the common two years of ACCS training
- CT1/ST1 trainees where specific issues have been identified
- CT1/ST1 trainees who have applied for other speciality training

Despite the first point above, it is strongly recommended that *all* CT1/ST1s have an ARCP in the summer in order to fully support trainees and ease transition to the new curriculum. If, despite this, it proves impossible for some trainees to have an ARCP in the summer they should be issued with a No Outcome - N13 code specifying COVID 19 and *they must have a formal ARCP in later 2021.*

Trainees issued with one of the new COVID-19 Outcomes (see below) should have a formal action plan and an interim review may be necessary prior to ARCP in summer 2022.

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

### ***Minimum panel requirements:***

Panel Chair - whenever possible this should either be an ACCS TPD (or equivalent) or Head of School

Panel Members - it is strongly recommended to have three panellists. These should comprise: ACCS TPD (or equivalent)/Head of School (Chair) plus one from Anaesthesia/ICM and one from Emergency Medicine/Acute Medicine. If three panellists are not available, one panellist may fulfil two roles e.g. Head of School and Emergency Medicine.

Externality for ARCPs will likely be of limited capacity again in summer 2021. Specific requests can be made through the relevant Colleges and high stake ARCP decisions will be prioritised.

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

For trainees who have experienced modification of their rotations through redeployment, this should be described in the scope of practice commentary on the revised COVID 19 ARCP checklist and taken into account by the ARCP panel.

Trainees who have had time off to isolate, who have been shielding or who have had amended duties for health reasons must have the exact times of sickness/amended duties documented on form R and this should be taken into account by the ARCP panel.

*Progression for such trainees 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 WBAs.

## **ARCP - Outcomes**

[The full list of outcomes for ACCS ARCP is found in the Appendix]

### *Outcome 1*

The minimum data set (see below) is that which is required to evidence safe practice and achieve an Outcome 1 at ARCP for trainees in the first two years of ACCS. This applies from August 2019 onwards until further notice.

There are two new COVID 19 outcomes which should be used where the trainee has been affected by the disruption due to COVID 19. *These outcomes should only be used where it clear that COVID-19 has had a direct and significant bearing on trainees' opportunity to meet the criteria despite their full engagement with training.*

### *Outcome 10 .1*

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

### *Outcome 10 .2*

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

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

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

Following the Outcome 10.1 or 10.2, the TPD (or equivalent), trainee and educational supervisor should discuss and agree a formal action plan. This should detail the areas that need to be completed in the next year of training and how this can be achieved *bearing in mind the introduction of the new ACCS curriculum from August 2021*. Interim review may be planned prior to ARCP in summer 2022 if there are issues or concerns that may affect progress or to sign off competencies (e.g. IAC).

## **ARCP – Evidence**

### *Modified ARCP data set and anticipated outcomes*

The ARCP Decision Tables outline a minimum data set for CT1/ST1 and CT2/ST2. Gold Guide section 4.91 rules will still apply. The minimum dataset is a revision of the original 2015 ARCP checklists due to COVID 19. The 2015 checklists will be no longer used.

### *Educational Supervisors Structure Training Report (STR/ESR)*

The Educational Supervisor's Structured Training Report (STR/ESR) is essential to this process.

- There should be a detailed summary and commentary on progress of trainee activity pre pandemic and during pandemic
- It must include 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
- Where relevant, it must contain a statement confirming that there are no concerns within the domains covered by any missing MSF and progression towards the appropriate number of common competencies
- Consideration should be given as 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 the Educational Supervisor is not available the trainee should discuss with their Training Programme Director (or equivalent) and be allocated a trainer who can submit a report.

### *E-portfolio*

Trainees will be expected to have the minimum data set (see Decision Tables) within their e-portfolio

### *MSF*

Trainees should make every effort to undertake an MSF during this training year and many will already have done so. Progression will still be permitted without an MSF provided the STR explicitly states no concerns in the domains covered by an MSF.

### *Checklist*

The ACCS checklists again include a reduction in the minimum number of competencies expected for each placement (applicable August 2019 onwards) and for ACCS as a whole. Trainees will be expected to upload a checklist within their e-portfolio signed by themselves and their trainers.

## *Examinations*

It is not mandatory for ACCS trainees to have passed any parts of their primary examination by the end of the two common years of ACCS. Postponement or cancellation of examinations will not therefore impact the ARCP process for CT1/ST1s and CT2/ST2s.

## **ARCP – Curricular requirements**

Revised checklists and a minimum data set for safe progression have been defined – see decision tables. These are unchanged from the modified 2020 checklists for each of the four placements, revised downwards from the full curricular requirements such that they should be achievable regardless of which placement a trainee was on when COVID-19 became pandemic.

Additionally, many of the ACCS competencies are generic and can be gained in more than one of the four placements over the (indicative) 2-year time frame. Nonetheless there is room for pragmatism and flexibility when applying these new minimum requirements to ensure that trainees who have endeavoured to meet them but failed through no fault of their own are not disadvantaged.

*NOTE: the revised minimum expectation for competencies achieved in any given placement applies from August 2019 – the 2015 checklists/totals for each placement still apply for placements completed prior to this time (this should only affect LTFT trainees or those who have had time out of programme).*

## **CT1 /ST1**

If these trainees have submitted the minimum data set evidence and meet the revised minimum curricular requirements they can be awarded Outcome 1 provided there are no other concerns.

Trainees who have submitted the minimum data set evidence but not achieved the minimum curricular requirements as a result of COVID-19 should be awarded Outcome 10.1 with the relevant supplementary C code.

Deficiencies/concerns for other reasons should be managed using the standard Outcomes as per Gold Guide.

## **CT2/ST2**

If these trainees have submitted the minimum data set evidence and meet the revised minimum curricular requirements (for placements and for completion of CT2/ST2 as a whole) they can be awarded Outcome 1 provided there are no other concerns.

Trainees who have submitted the minimum data set evidence, not achieved the minimum curricular requirements (for placements and for completion of CT2/ST2 as a whole) as a

result of COVID-19 *but have gained the IAC* should be awarded Outcome 10.1 with the relevant supplementary C code.

Trainees who have submitted the minimum data set evidence, not achieved the minimum curricular requirements (for placements and for completion of CT2/ST2 as a whole) as a result of COVID-19 *and not gained the IAC* should also be awarded Outcome 10.1 with the relevant supplementary C code.

*Such trainees may progress but will be required to re-do a period in CT2 Anaesthesia to complete the IAC and cannot successfully complete ACCS training as a whole without it.* How this training experience is to be provided will be determined at local level by TPDs (or equivalent) and Heads of School. Trainees who are experiencing difficulties in completion of IAC should be identified by TPDs (or equivalent) as soon as possible. Further advice to Heads of School for those trainees who have not obtained IAC will follow.

Deficiencies/concerns for other reasons should be managed using the standard Outcomes as per Gold Guide.

## APPENDIX

### **COVID-19 ARCP Outcomes for ACCS**

**Outcome 1:** Trainee shows competency and attainment progress against essential minimum competency framework at summer 2021 ARCP (CT2/ST2 and some/most CT1/ST1) OR Autumn 2021 ARCP (CT1/ST1)

**Outcome 2:** Trainee requires continued development without training time extension; this would usually include areas such as non-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 N13:** No Summer 2021 ARCP undertaken, trainee will progress, but ARCP in late 2020 will evaluate training year against essential minimum competency framework

**Outcome 10.1:** Progress is satisfactory but the acquisition of competencies/capabilities by the trainee has been delayed by COVID-19 disruption. Trainee can progress.

**Outcome 10.2:** Progress is satisfactory but the acquisition of competencies/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 for due to COVID 19 disruption for ACCS:**

**C2:** course cancellation - e.g. APLS/ ATLS

**C3:** redeployment - could not acquire appropriate curriculum experience e.g. anaesthesia redeployed to ICM

**C4:** prolonged self-isolation

**C6:** incomplete information – e.g. unable to obtain supervisor reports /STR

**C12:** other- not redeployed but could not acquire appropriate curriculum experience such as AM, EM or; an action plan 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 provided overall progress satisfactory. Any additional training time that may be required will be reviewed at the next ARCP.