

Temporary derogations to curriculum requirements to support 2021 ARCPs

The following document should be read in association with the previously published guidance [ARCPs during COVID-19 Pandemic: Specific specialty advice for Medical Specialties](#). This was created in March 2020 and in accordance with the recent publication from the GMC *Updating temporary derogations to curriculum requirements* it is recognised that the previously agreed modifications to the decision aids for ARCPs will remain in place unless specific modifications are made. In considering progression in the medical specialties, we believe that the ARCP panel should consider how much the trainee has fallen behind in achieving curricula defined competencies and learning experiences. The possibility of the trainee catching up within the training time that is left for each trainee should be assessed and if the ARCP panel decide that it is not possible for the trainee to catch up within the remaining time of training this would be grounds for recommending non-progression for that year. For each trainee it is critical that an assessment is made whether the trainee is likely to be able to acquire all the missing elements of training within the timescale available. No trainee should be subjected to undue pressures in the final year and, if the elements of training missing are considerable, consideration of an outcome 10.2 to allow enough time for capability acquisition may be thought appropriate. A PDP must be developed for all those whose progression has been affected by the pandemic to indicate the capabilities that should be acquired before the next defined time of review.

MRCP

All trainees who may have started specialty training without possession of the MRCP(UK) diploma in 2020 will have to have passed all parts of the examination to be allowed to progress into an ST4 post. If this is not the case the ARCP panel will have to determine whether this is primarily an effect of COVID in which case an outcome 10.2 should be awarded, if the ARCP panel feels that there are major issues with the trainee's progression independent of the COVID pandemic an outcome 3 may be more appropriate.

Advanced Life Support certificate

A valid ALS certificate is required for progression in each year of training and at completion of training in many JRCPTB specialties. However, progression of training should be allowed if there has been an extension to the ALS certificate or other surrogate evidence of continuing competencies in ALS. A CCT may be awarded without an ALS certificate if there are documented and agreed plans to undertake a further course prior to the CCT date itself and/or evidence of continued competencies in ALS.

Management competences and courses

Many curricula specify management experience. It is recognised that many face to face courses have not been available. It is likely however that online versions of these should be applicable and acceptable. It is of course possible to demonstrate management competencies within the training programme itself and the ARCP panel should review the evidence to determine if relevant leadership and management experience in COVID or other roles has been obtained.

Certificate of Completion of Training

Not passing the relevant specialty certificate exam/knowledge-based assessment or achieving all competencies by the end of training should require additional training time. If directly associated with the effects of COVID the ARCP panel should award an outcome 10.2, if for other reasons the outcome awarded should follow the Gold Guide.

2021 ARCP requirements

The 2021 requirements for progression in each of the JRCPTB specialties will be the same as for 2020 set out in [ARCPs during COVID-19 Pandemic: Specific specialty advice for Medical Specialties](#) except where changes are noted in the table below. The ARCP panel should review the evidence provided and in determining the outcome should ensure patient safety remains of paramount importance. The numbers of SLEs that should have been undertaken remain indicative but the trainee has to provide enough evidence for the ARCP panel to determine that the trainee should be allowed to progress. All mention of PYAs in the previous document should be removed as this process remains suspended and is not a critical element for progression to CCT.

Specialty	Change to 2020 requirements
Acute Internal Medicine	No change
Allergy	No change
Audio vestibular medicine	Trainees should ensure that one MSF per year of training is obtained
Aviation and Space Medicine	No change
Cardiology	Progression beyond core cardiology is now determined to be a critical progression point. As such trainees reaching the end of ST5 may not have acquired all relevant competences due to the pandemic. The educational supervisor report should indicate, and the ARCP panel agree, whether the deficits in experiences can be made up in the residual training time in which case an outcome 10.1 should be given, if further training time will be required an outcome 10.2 should be awarded
Clinical Genetics	No change
Clinical Neurophysiology	No change
Clinical Pharmacology & Therapeutics	No change
Dermatology	In view of the effects of the pandemic, assessment of all trainees at ST4 may reveal significant gaps in experience across the various experiences required. Thus, an outcome 10.2 may be required at this point to allow for an extension to training to facilitate necessary learning experiences. The ES report to the ARCP panel must indicate whether it is felt that the missing experiences can be achieved within the planned training programme or whether an outcome 10.2 should be awarded associated with an extension to training. Otherwise no changes
Endocrinology & Diabetes Mellitus	No change
Gastroenterology	Minor changes: audit should not be mandatory for this year and a total of total of 2 patient surveys over the 5-year programme should be sought. If JAG accreditation has not been achieved by the end of two years in posts where endoscopy experience should have been offered the ARCP panel may feel that an outcome 10.2 should be awarded.
General Internal Medicine	No change

Genitourinary medicine	Knowledge based assessments are critical progression points, but passes can be deferred as follows: Dip GUM ST4 to ST5, DFSRH ST5 to ST6. The requirement to pass Dip HIV by completion of training remains and trainees will require extension to training time if not achieved in timeframe. All other competences are to be achieved by end ST6, or extension to training time will be required. If this is directly associated with the COVID effects this should be an outcome 10.2 otherwise standard outcome codes apply
Geriatric Medicine	No change but see above about ALS requirement. The ARCP panel should review evidence of QI projects including the community audit and determine if the training time remaining will enable the trainee to complete the curricular requirements. If not an outcome of 10.2 may be appropriate
Haematology	The ES report should make specific reference of progress in the FRCPATH exams for more senior trainees and the ARCP panel should determine whether the individual trainee is likely to complete both parts of the exam prior to CCT date. If not an outcome 10.2 may be appropriate
Immunology	ALS is not seen as essential for progression, but trainees must have evidence of management of anaphylaxis competencies. ST5 to ST6 is a critical progression point with regard to FRCPATH Part 1. The ARCP panel should determine whether the individual trainee is likely to complete both parts of the exam prior to CCT. If not and outcome 10.2 may be appropriate. If trainees deferred the MSF at the last ARCP a further MSF should be mandated in the coming year
Infectious Disease and Tropical Medicine	Trainees who have not passed CICE by the end of ST7 (ID and GIM) or ST (Tropical medicine and GIM) should be awarded an outcome 10.2. This includes where examinations have been deferred
Medical Oncology	No change
Medical Ophthalmology	No change
Neurology	MSF only required in ST3 and ST6 otherwise no changes
Nuclear Medicine	No change
Paediatric Cardiology	No change
Palliative medicine	No change
Pharmaceutical Medicine	No change
Rehabilitation medicine	No change
Renal medicine	No change
Respiratory medicine	No change except the following modules have to be completed by CCT i) lung transplant ii) pulmonary hypertension iii) cystic fibrosis iv) occupational lung disease. Any trainee approaching CCT should receive an outcome 10.2 if these learning experiences have not been achieved
Rheumatology	No change except no element of the curriculum defined learning experiences can be delayed beyond CCT.

Sport and Exercise medicine	<p>Indicative number of WPBAs required remains the same but there should be relaxation on the mix of assessments appreciating that DOPS may be more difficult to achieve in some areas in the last 12 months. The ES report may be provided by a trainer who clearly knows the trainee and has been supervising them for a minimum period 4-6 months. 70% of musculoskeletal medicine competencies are to be achieved by the end of ST5. This will be relaxed to the end of ST6. 50% of team medicine competencies are to be achieved by the end of ST5. This will be relaxed to the end of ST6. Investigations and procedures are expected to be partially achieved by the end of ST5. This will be relaxed to the end of ST6.</p> <p>All competencies must have been achieved prior to completion of training</p>
Stroke Medicine	No change

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