

Anaesthetic Training Update - 20 May 2020

Supporting the COVID-19 response - managing ARCPs for anaesthetics training

In the challenging circumstances of the COVID-19 pandemic, it is the desire of the statutory education bodies (SEBs) of the four UK nations (HEE, NES, HEIW, NIMDTA) that, where possible, progression through clinical training should continue without detriment to the trainee (see [Enabling Progression at ARCP](#)).

The SEBs have been working with medical royal colleges and faculties to review how ARCPs can be managed in 2020. While ensuring patient safety remains **the** primary focus and to reduce burden on trainees, trainers and health services in all nations, the aim is to enable as many trainees to progress in their training at the normal rate.

During the COVID-19 pandemic, it may not be possible for trainees and trainers to prepare for and provide the usual evidence for ARCPs as defined in the Gold Guide (see [Gold Guide Version 8](#) GG8). As described in paragraph 1.12 of the Gold Guide, Postgraduate Deans have the discretion to make derogations from the guide in exceptional circumstances. The SEBs reasonably consider COVID-19 meets the criteria for allowing Postgraduate Deans collectively to agree derogations.

Three derogations from the Gold Guide have been agreed by the SEBs:

1. Composition of ARCP panels
2. New ARCP outcomes introduced
3. Evidence to be considered by ARCP panels

Further detail on these derogations are available here, <https://www.hee.nhs.uk/sites/default/files/documents/Enabling%20Progression%20at%20ARCP%20-%202020-04-20.pdf>

Managing ARCPs

We have developed COVID-19 specific national Anaesthetic Checklists for anaesthetists in training and for Educational Supervisors and an ARCP decision aid for panels during this period. Please see the documents below this update.

New ARCP outcomes have been created, <https://www.copmed.org.uk/publications/covid-20>. Outcomes 10.1 and 10.2 recognise that progress of the trainee has been satisfactory but that acquisition of capabilities by the trainees has been delayed by COVID-19 disruption. These are therefore 'no-fault' outcomes.

Panels should consider an Outcome 10 (.1 or .2) only where progression has been disrupted due to the necessity to cancel FRCA examinations and/or inability to acquire competences as a result of the impact of COVID-19 on anaesthetics training. In all other circumstances, the usual ARCP outcome codes should be used in 2020.



Royal College of Anaesthetists

Anaesthetists in Training approaching the end of core training (CT2)

For trainees approaching the end of a core training programme, following the decision to award Outcome 10.1, the trainee and their TPD/Associate Postgraduate Dean should meet to discuss how best the individual learner can be facilitated to progress. The SEBs have agreed the following options:

- Progress to a higher training programme – if recruitment into higher training facilitates this
- Leave the programme and acquire the missing capabilities outside of the training programme
- Stay in the core programme taking advantage of additional training time to acquire the missing capabilities, as already indicated in the published ARCP guidance developed for this year [ref, Managing Extensions COVID v 2]

The options available to trainees will vary across the UK according to each nation's individual educational, training and programme capacity. For example, in England, this may include utilising the range of existing options to increase flexibility in training throughout programmes.

This guidance is only applicable for ARCPs conducted this academic year.

More information can be found on the following websites

HEE <https://www.hee.nhs.uk/coronavirus-information-trainees> See 'Training and progression'

COPMed <https://www.copmed.org.uk/publications/covid-20>

GMC <https://www.gmc-uk.org/news/news-archive/coronavirus-information-and-advice/information-for-trainees>

Update regarding the award of a CESR(CP)

The GMC has confirmed that they will, from **18th May 2020**, issue a Certificate of Completion of Training (CCT) to doctors on a combined programme who have trained in the UK for [the minimum number of years defined in EU legislation](#).

This means that trainees on a combined programme will be awarded a CCT providing they have spent the minimum time in approved UK training posts, which for anaesthetics is 3 years. This will replace the Certificate of Eligibility for the Specialist Register (Combined Programme) [CESR(CP)] for this group.

Combined programme trainees who do not meet the minimum UK training time, will continue to be issued with a CESR(CP).

There are no changes to the main CESR (also known as 'equivalence') route to specialist registration.

Acute Care Common Stem (ACCS)

For progression information specific to the ACCS training programme [please visit the ACCS website](#).