

# Health Education Northwest (HEENW) ARCP Guidance for Psychiatry Trainees-2022

## 1. Introduction

The North West School of psychiatry recognises that training for all psychiatric trainees continues to be affected although we are emerging slowly out of the Covid-19 pandemic. Some trainees have been unwell, and a minority have been unable to attend work for an extended period.

The Pandemic has resulted in changes to learning opportunities for trainees in psychiatry, both in terms of experience and assessment. Health Education England and the Royal College of psychiatrists both issued guidance on the revised ARCP process last year.

Although most services have returned to normal or near-normal working in recent months which provide more availability of clinical and professional experience necessary for completion of WPBAs, it is acknowledged that some trainees may have been in posts where access to WPBAs has been reduced due to reasons such as altered clinical work, supervisor availability for Workplace-Based Assessments (WPBAs) and lack of specific opportunities and this will be taken into consideration by ARCP panels.

The Gold Guide (GG) 8 sets out the arrangements agreed by the Four UK health Department for progression in specialty training. There was a derogation to the Gold Guide March 2020; GG 8:4.91 - response to Covid 19 pandemic and impact on trainee progression assessments This amended the Gold guide to include ARCP outcome 10/Covid (see below), a specific outcome which can be used if training has been directly impacted by the pandemic.

In September 2021, the GMC confirmed the Covid-19 amendments and derogations which were introduced last year will continue.

The Royal College of Psychiatrists have produced a revised ARCP decision aid in Sep'21 which can be accessed at the following [link](#) .The Royal College have produced a useful film on you tube to support the process, accessible at the following [link](#).

In the summer 2021 ARCPs, vast majority of Psychiatric trainees progressed with the usual ARCP outcomes

This guidance is to support trainees in preparing for the ARCP panels up to Spring'22. The guidance incorporates GMC, Royal College of Psychiatrists and HEE North West processes.

## **2. ARCP**

The ARCP is a formal process that provides a summative judgement of a period of training. The main functions are to confirm the trainee's readiness to progress the next stage of training, or successful completion of training, and to provide advice to the Responsible Officer about the trainee's revalidation across the whole scope of their work.

Trainee progression will be assessed at the ARCPs through reviewing the e portfolio and focusing on key pieces of evidence: The Educational Supervisor report will follow the usual format but also include statements on how the pandemic has impacted on the period of training for each individual trainee. The COVID-19 disruption documents how training has been impacted and records sickness absence. The HEE self-declaration form is combined with the Form R and includes trainee self-assessment on progress and a section to document any additional training requirements or well-being support needed.

## **3. ARCP Process**

### **3.1 Assessment Panel**

The trainee's eportfolio, including the COVID 19 disruption form, HEE self-declaration form and educational supervisors report will be assessed by the ARCP panel. The assessment panel will be held remotely and will consist of at least two members: a training programme director and clinical or educational supervisor. Trainees will not be present during the review. Trainees assessed as progressing satisfactorily will receive an outcome from the assessment panel.

### **3.2 Feedback Panel**

Trainees who are assessed by the assessment panel as not progressing at the expected rate will be reviewed by a remote ARCP feedback panel. The trainee will attend the panel, remotely. The panel members will include the Head of school or deputy, Associate dean and the training programme director. A final outcome will be given by the panel, with recommendations on additional training as required.

## **4. ARCP Outcomes**

The ARCP panel will recommend one of the following outcomes:

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| Outcome 1:    | Making progress of the expected rate   |
| Outcome 2:    | Development of specific competences – no additional training time required   |
| Outcome 3:    | Inadequate progress- additional training programme time required   |
| Outcome 4:    | Released from programme- with or without specific competencies   |
| Outcome 5:    | Incomplete evidence presented  |
| Outcome 6:    | Gained all required competences  |
| Outcome 8:    | Trainees is out of programme   |
| Outcome 10.1: | Development of specific competencies is required, progression to next stage of training, no additional training time required. |

Trainee either at a non -critical progression point or the revised Royal College curriculum requirements allow progression.

Outcome 10.2: The trainee cannot progress and will need additional training time. For e.g.: This outcome could be used include following prolonged isolation or if the trainee is at a critical progression point such as the end of Higher training.

Trainees receiving outcome 10 will be informed of the specific requirements needed, supported by a developmental plan to address the needs. These plans will be reviewed at a timescale determined by the panel.

## 5. ARCP Evidence

- 5.1 Evidence for the ARCP should be submitted at least two weeks prior to the ARCP panel, via electronic portfolio. All documentation including workplace Based assessments, supervisors reports, evidence of reflection, course attendance certificates, Covid 19 disruption form and Form R with HEE self- declaration form.
- 5.2 Clinical supervisor's reports and educational supervisor's reports are essential. It is important to escalate to your educational supervisor and/ or training programme director if there are any issues in completing the reports on time. Another educator can complete the CS or ES report if the supervisor is unavailable due to ill health.
- 5.3 Each ILO will require at least three pieces of evidence to demonstrate the attainment of competencies. A piece of evidence can be used up to 5 times against competencies in the ILOs
- 5.4 Work Place Based Assessments: **Wherever possible, Trainees will be expected to acquire WPBAs at the normal rate expected in the curriculum from August 2021 unless there are individual exceptional circumstances (such as an ongoing requirement to shield, lack of specific opportunities due to the pandemic).**

This will not apply retrospectively to posts prior to August 2021 and ARCP panels will take a **pragmatic, compassionate and supportive approach** for trainees whose assessment period includes placements pre- and post-August 2021.

If, part of the training period being assessed has been affected by the pandemic, the reduced numbers of WPBAs as set out in the table below would be sufficient but the circumstances of disruption will need to be explicitly detailed in the **Covid 19 disruption form and confirmed in the clinical and educational supervisors' reports.**

	<b>Normal Curriculum WPBA Requirement</b>	<b>Reduced WPBA Requirement (continuing on an ongoing basis through the pandemic)</b>
Core Training	CT1 (16), CT2 (17), CT3 (18)	CT1 (11), CT2 (12), CT3 (12)
General Adult	ST4 (18), ST5-6 (14)	ST4 (12), ST5-6 (10)
Older People	ST4 (17), ST5-6 (14)	ST4 (12), ST5-6 (10)
Child & Adolescent	ST4-6 (16)	ST4-6 (11)
Forensic	ST4-6 (14)	ST4-6 (10)
Learning Disability	ST4-6 (12)	ST4-6 (8)
Medical Psychotherapy	ST4-6 (12)	ST4-6 (8)

- 5.5 The college advise a variety of types of WPBA to be completed, but there will be no minimum requirement for each WPBA type. It is recognised that some trainees may need to present more WPBAS which have been easier to compete, for e.g.: case-based discussions.
- 5.6 DONCS can be used by core trainees to demonstrate competencies. Examples include: for trainees unable to do a case presentation or journal club, discussion with peers and supervisor, involvement in producing clinical guidelines, training of junior or non- medical staff.
- 5.7 The completion of a second mini PAT may have been difficult if trainees are working remotely or have been redeployed, reasons for non-completion should be documented in the portfolio. Trainees can collate a mini PAT with reduced numbers and upload any additional feedback received from colleagues.
- 5.8 Core trainees should upload information on MRC psych course attendance and their training experience. It is recognised the course has been disrupted and teaching has been delivered differently across the School footprint
- 5.9 Psychotherapy competencies: The Psychotherapy requirements for Core Psychiatry training are at the following [link](#). The updated guidance for long case can be found in this document.



All completed WPBAs and logbooks should be uploaded as normal. Local tutors will provide an additional statement for the ARCP on satisfactory progression during the pandemic, following the Royal College current guidance.

- 5.10 Reflection: Valid reflection can be provided as evidence for specific competencies. It is recommended to discuss some reflections with your clinical supervisor. The demonstration of the capability to reflect and how it has met specific ILO competencies can be recorded by the supervisor in the portfolio, including the clinical supervisors report.
- 5.11 Written reflections can be linked to clinical and nonclinical activities. Reflections can be on positive as well as negative events; demonstrating learning from excellence and errors. The Royal College have produced a Competency Based impact template which can be completed in the portfolio. The template links learning with reflection to the individual ILO.
- 5.12 Governance: Quality Improvement modules and complaint handing modules can be accessed at <https://www.e-lfh.org.uk/program/>
- 5.13 Examinations: Trainees approaching the end of CT3 who have not completed the CASC examination or written examinations should record in the portfolio whether they were unable to take the examinations at the planned time. Trainees will be considered for an outcome 3 with extension to training as usual, or an outcome 4 if extension time has already been used.