

ARCP Guidance for Dental Specialty Trainees

Introduction

During the present COVID-19 pandemic, it is recognised by the Statutory Education Bodies (SEBs) of the 4 Nations that there are difficulties for trainees and trainers in preparing and providing evidence for ARCP as well as for the SEBs in delivering ARCP.

These difficulties arise as a result of cancellation of mandatory courses, professional examinations, reduced clinical experience and training available due to cancellation of routine clinical activities, redeployment of trainees to different clinical duties and absence from work due to self-isolation and illness. It is also recognised that trainers may not be able to complete assessments, write detailed reports and contribute to ARCP panels. In addition, SEBs will not be able to receive the same level of engagement for ARCPs from educational programme leaders and education management staff due to redeployment, self-isolation and illness.

The SEBs are therefore seeking to work together with the SACs of the Royal Colleges to review how ARCPs can be managed in 2020. The aims are to reduce the burden on trainees, trainers and the health services in the 4 countries during this pandemic while facilitating as many trainees as possible to progress in their training at the normal rate.

Management of ARCPs in responses to COVID-19

1. The current edition of the Dental Gold Guides (DGG) describe the purpose, evidence required, processes and outcomes of ARCP.

Purpose

2. 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.
3. During this pandemic, it is recognised that there may not be the resources to deliver ARCP for every trainee. Therefore, it is proposed that ARCP panels for those trainees who are approaching completion of their specialty training programme and those where development of specific capabilities or inadequate progress has already been identified, should be prioritised.
4. 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 DGG.

Evidence

5. The SEBs propose that the Educational Supervisor Report (ESR) should be the key document in the minimum data set. The ESR should focus on the capabilities demonstrated by the trainee in the review period, including relevant experience during COVID-19 which might contribute to acquisition of the generic skills required in curricula. In addition, the ESR 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 ES is unavailable, an alternative medical educator with knowledge of the trainee (e.g. Training Programme Director) could complete the structured report.

6. The SEBs request that the SACs of the Royal Colleges define the minimum data set, compatible with maintaining patient safety, for each specialty for each year of training to inform when a trainee can progress.
7. Where normal evidence is not available due to the impact of COVID-19, SEBs propose that panels should consider the use of compensatory evidence.
8. The SEBs request that the SACs of the Royal Colleges provide guidance for ARCP panels in the form of a decision aid describing acceptable compensatory evidence (with examples) that ARCP panels could consider where normal evidence is not available due to the current situation.
9. The SEBs request that SACs of the Royal Colleges provide clear specialty-specific criteria for non-progression.

Processes

10. Due to the expected difficulties in releasing panel members from clinical services during this pandemic, the SEBs propose that ARCP panels in 2020 will be convened with the minimum number of panellists and that the panellists will be enabled to deliver the ARCP process remotely by videoconference, telephone or similar.
11. Given the capacity constraints on the normal participants in ARCP panels, SEBs may ask for support from retired educators as panel members.
12. The SEBs consider that COVID-19 meets the criteria for highly exceptional circumstances that would enable Postgraduate Dental Deans to collectively agree to reduce the minimum requirement to two panellists for ARCPs in 2020.

Outcomes

13. Where an ARCP has taken place, the outcomes described in the relevant guides should be used where possible. For 2020, 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 and the decision aid developed, in response to COVID-19.
14. 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 capabilities (e.g. professional examinations, specific capabilities) have been delayed by the impact 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, the portfolio and a 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 if applicable.
15. 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 capabilities), will be allowed to progress to the next year of their training when an early ARCP will be undertaken and an Action Plan and Personal Development Plan will be put in place.

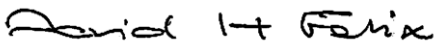
16. Where a trainee is at the end of a CCST or post-CCST training programme and otherwise progressing satisfactorily but where a critical progression point criterion is missing (e.g. professional exit examination) as a consequence of COVID-19, the trainee will be awarded an Outcome 10 (COVID) and an Action Plan and Personal Development Plan put in place for a subsequent training period. Supplementary codes will be used to document the reason for the award of Outcome 10 and the capabilities to be developed should be documented on the RCP form.
17. The SEBs request that the SACs of the Royal Colleges provide advice for their specialty training programmes on which capabilities (excluding professional examinations) may be gained by a dentist in an Acting Up position or in a Period of Grace after the point CCST would normally have been awarded. This advice would contribute to an educational plan for that individual which would require subsequent review.

Outcome 10 (COVID)

Achieving progress and the development of competences/capabilities at the expected rate but acquisition of some capabilities delayed by impact of COVID-19.

Outcome 10.1 should be used when a trainee is not at a critical progression point in their programme and facilitates the trainee to progress to the next stage of their training. Any additional training time necessary to achieve competences/capabilities will be reviewed at the next ARCP.

Outcome 10.2 should be used when a trainee is at the end of a CCST or post-CCST training programme and otherwise progressing satisfactorily, but where a critical progression point criterion is missing (e.g. professional exit examination) as a consequence of COVID-19. Additional training time is therefore required, and an Action Plan and Personal Development Plan should be put in place for a subsequent training period.



Dr David H Felix
Postgraduate Dental Dean and
Director of Dentistry
NHS Education for Scotland



Dr Jane Luker
Dental Postgraduate Dean HEE SW
Chair of English Dental Dean



Brid Hendron
Postgraduate Dental Dean Northern Ireland
Medical & Training Agency



Professor David R Thomas
Director of Postgraduate Dental Education
Health Education and Improvement Wales (HEIW)
Cyfarwyddwr Addysg Deintyddol OI-raddedig
Addysg a Gwellu Iechyd Cymru (AaGIC)