

## ARCP decision aids: For trainees on the 2016 clinical oncology curriculum

The 4 statutory education bodies have published guidance on [enabling progression at ARCP](#). The GMC has [confirmed that these will remain in place](#) to recognise the ongoing impact of COVID-19 until further notice. This generic guidance has been contextualised for clinical oncology in the decision aids below. These offer amended guidance for ARCP panels on the domains to be reviewed and indicative minimum expectations for progress where training has been impacted by COVID-19.

Since this time, the new 2021 clinical oncology curriculum has been implemented. While most trainees will be assessed against this new curriculum at their 2022 ARCPs, trainees in their final year of training and some less than full time trainees will have remained on the 2016 curricula. **This document provides amended decision aids for trainees who have remained on the previous 2016 curricula**, offering guidance on the minimum expectations for progress for trainees following the 2016 curriculum, where training has been impacted by COVID-19. **Any trainees who have transferred to the new 2021 curricula should use the [amended decision aids relating to the 2021 curriculum](#)**. Both sets of amended decision aids will remain in place until further notice.

Where training has been impacted by COVID-19, the ARCP process must recognise that the trainee may not have had opportunity to gain all the necessary experiences, sat required examinations or completed the number of WPBAs that would normally be required. Furthermore, trainees may have experienced modification of their rotations that may have impacted their learning opportunities. It is strongly recommended that ARCP panels should use their professional judgement to assess whether the trainee has engaged with the training process during the year, in ways appropriate to the circumstances, and has sufficient evidence of this in the e-portfolio. Trainees may be able to demonstrate this in ways not listed in the decision aid below, for example through logbooks, reflections, and evidence of online learning. ARCP panels should consider the trainee's e-portfolio as a whole to inform decisions on trainee progression.

### Minimum requirements

An educational supervisor's report is essential in order for ARCP to take place. This should indicate which, if any, of the essential components of the programme have been missed in the present training year so that the subsequent training can be tailored appropriately.

In training years where an MSF is expected, this will be particularly helpful for informing judgements by educational supervisors and ARCP panels. Where possible an MSF should be included in the trainee's e-portfolio, however it may be difficult for some trainees to complete this and ARCP panels should take this into account. Satisfactory MSF from previous years or statements from supervisors could be used as compensatory evidence where a trainee is not able to provide an MSF.

Where a QIPAT would normally be expected, but a trainee has not been able to complete this due to COVID-19, evidence that this is underway should be considered evidence of engagement with this aspect of training.

Where a teaching observation would normally be expected, but a trainee has not been able to complete this due to COVID-19, other evidence of teaching (for example reflections on teaching experience) should be accepted.

ARCP panels should be flexible in their approach to WPBA. Expectations around the indicative minimum number and types of WPBA should be adjusted to reflect individual circumstances, which may vary. The overall number of WPBA should demonstrate engagement with the assessment process and be sufficient to provide evidence for the educational supervisor's structured report, but the exact type may vary. For example, an ST3 trainee would normally be expected to have completed 2 CbD, 2 DORPs, 2 DOST and 2

Mini-CEX, however if the trainee has completed 4 CbD but no DORPs because their access to radiotherapy planning was affected by COVID-19, this still demonstrates engagement with learning and assessment.

ARCP panels should be aware that linking evidence to individual competencies is not a curriculum requirement and therefore should not impact on ARCP decisions.

## Recording ARCP outcomes

Existing ARCP outcomes should be used where training has not been impacted by COVID-19.

Where trainees are missing competencies/experience due to COVID-19, outcomes 10.1 and 10.2 should be used:

- Outcome 10.1 allows trainees to progress to the next stage of training and to make up missing competencies alongside future training. An action plan must be agreed to set out the required capabilities which will be expected at the next scheduled ARCP and the time point for this review defined. This may be an interim ARCP/mid-year review, outside of the normal ARCP cycle. If at this review the trainee has not been able to make up missing competencies, the action plan should be reviewed, and additional training time may subsequently need to be considered.
- Outcome 10.2 does not allow trainees to progress to the next stage of training and gives an extension to training time but recognises that this is due to COVID-19. This outcome only applies where trainees are at a critical progression point (see below) and have not been able to meet the requirements for progression. Where trainees are not at a critical progression point, but there are already significant concerns about their clinical progress that would prevent progression to the next stage of training irrespective of COVID-19, an outcome 3 should be used.

The ARCP form within the e-portfolio has been updated to include options to award outcome 10.1 and 10.2 and to record the appropriate [coding](#) to indicate how the trainee has been impacted by COVID-19.

The ARCP form should indicate which, if any, of the essential components of the programme have been missed in the present training year so that the subsequent training can be tailored appropriately.

## Critical progression points

The 4 nation guidance on [enabling progression at CCT](#) indicates that ARCP should be prioritised for trainees for whom significant concerns have been identified and those at critical progression points. The 2016 clinical oncology curriculum does not formally define critical progression points; however, for the purpose of ARCPs while the COVID-19 derogations remain in place the following should be considered critical progression points:

- The end of training following completion of ST7
- The transition from ST6 to ST7, which would normally require completion of the final FRCR exams
- Progression from ST5 into ST6 where the FRCR Part 1 examination is still outstanding.

## Examinations

ARCP panels should consider individual circumstances, and trainees should not be penalised for COVID-related events that are outside of their control. A trainee who was unable to sit the exam due to required self-isolation is not necessarily in the same position as a trainee who sat the exam but was unsuccessful. Time should be taken to explain panel decisions to trainees to ensure that all have confidence that the process is fair and transparent.

There may be some trainees who were previously able to progress from ST4 to ST5 without passing the FRCR Part 1 exam, who have still not been able to complete this. We recommend that these trainees should not be allowed to progress into ST6 until they have passed the Part 1 exam as the time taken to prepare for both the Part 1 and Part 2 exams in ST6 will place trainees under undue pressure and limit opportunities to develop the capabilities required at this stage of training,

Where ARCPs take place before the results of postponed examinations are available, an outcome 5 may be used, which should allow sufficient time for the results to be available. The maximum amount of time for an outcome 5 is 8 weeks (see GG8:4.91). Where an extension to the outcome 5 beyond 8 weeks may be required there should be a recommendation to the postgraduate dean to exercise their discretion appropriately. Trainees should be reassured that award of an outcome 5 due to a delay in receiving exam results will not be viewed negatively and the reasons for the outcome 5 will be recorded appropriately.

CCT cannot be awarded without full FRCR.

## **Trainees without full MRCP(UK)**

Changes to recruitment in 2020 allowed some trainees to enter specialty training in clinical oncology despite not having achieved full MRCP(UK). This reflected cancellations in the MRCP exams. Any trainee who entered specialty training without full MRCP(UK) must have achieved this in order to progress into ST4. Any trainee who has been unable to do this due to COVID-19 should be awarded an outcome 10.2 and additional training time. If COVID-19 has not been a factor, then standard outcomes should be used.

## ARCP decision aid: clinical oncology ST3 – ST5

	ST3	ST4	ST5
Indicative minimum numbers of WPBA expected per year	<p>Expectations around the indicative minimum number and types of WPBA should be adjusted to reflect individual circumstances, which may vary. The overall number of WPBA should demonstrate engagement with the assessment process and be sufficient to provide evidence for the educational supervisor's structured report, but the exact type may vary. WPBA should have been undertaken in a timely and educationally appropriate manner <b>throughout</b> the period available for training.</p> <p>Where an MSF is required, it should be included if possible – trainees may find it difficult to complete this assessment and this should be taken into account. Previous MSF or compensatory evidence should be considered where an MSF cannot be completed.</p> <p>Where a QIPAT and TO would be required but cannot be completed, evidence that a QIPAT is under way and reflections on teaching experience would support an outcome 10.1.</p>		
Clinical Trials and GCP	Current GCP certificate		
Examinations	<p>Any trainee who entered specialty training without full MRCP(UK) must have achieved this in order to progress into ST4. Any trainee who has been unable to do this due to COVID-19 should be awarded an outcome 10.2 and additional training time. If COVID-19 has not been a factor, then standard outcomes should be used.</p>	<p>Trainees who would otherwise be able to progress but have not passed the first FRCR exam due to cancellations, postponement, or inability to attend due to required self-isolation should be given an outcome 10.1 and allowed to progress into ST5. They are expected to pass the exam before the end of ST5. If COVID-19 is not a factor, standard outcomes should be used.</p>	<p>Any trainee who progressed into ST5 without passing the first FRCR exam who has still not achieved this should not be allowed to progress into ST6. If this is due to exam cancellations, postponement, or inability to attend due to required self-isolation the trainee should be awarded outcome 10.2 and additional training time. If COVID-19 has not been a factor, then standard outcomes should be used.</p>
Educational Supervisor's Structured Report	All areas of personal and professional development addressed, with overall progress at expectation or above for the training time completed. The ESR should identify any missing experience/competencies that will need to be made up.		
Missing competencies/experience	Where trainees are progressing at or above the expected rate, but some competencies/experience is missing as a result of COVID-19, an outcome 10.1 may be awarded.		

## ARCP decision aid: clinical oncology ST6 – ST7

	ST6	ST7
Indicative minimum numbers of WPBA expected per year	<p>Expectations around the indicative minimum number and types of WPBA should be adjusted to reflect individual circumstances, which may vary. The overall number of WPBA should demonstrate engagement with the assessment process and be sufficient to provide evidence for the educational supervisor's structured report, but the exact type may vary. WPBA should have been undertaken in a timely and educationally appropriate manner <b>throughout</b> the period available for training.</p> <p>Where an MSF is required, it should be included if possible – trainees may find it difficult to complete this assessment and this should be taken into account. Previous MSF or compensatory evidence should be considered where an MSF cannot be completed.</p> <p>Where a QIPAT and TO would be required but cannot be completed, evidence that a QIPAT is under way and reflections on teaching experience would support an outcome 10.1.</p>	
Clinical Trials and GCP	Current GCP certificate	
Examinations	<p>Trainees who have not passed the final FRCR exam at this critical progression point due to exam cancellations may be given an outcome 10.2 to enable completion of the final FRCR exam prior to starting ST7. In some cases, it may be appropriate to allow a trainee who is progressing very well to proceed into ST7 without the final FRCR exam. Such trainees may be given an outcome 10.1 and are expected to pass these exams before the end of ST7. Individual circumstances should be considered, and these options should be discussed fully with trainees.</p> <p>If COVID-19 is not a factor, standard outcomes should be used.</p>	CCT will not be awarded without full FRCR.
Educational Supervisor's Structured Report	All areas of personal and professional development addressed, with overall progress at expectation or above for the training time completed. The ESR should identify any missing experience/competencies that will need to be made up.	
Missing competencies/experience	Where trainees are progressing at or above the expected rate, but some competencies/experience is missing as a result of COVID-19, an outcome 10.1 may be awarded.	<p>CCT can only be awarded where all required experience and curriculum competencies have been achieved. Where trainees have not been able to satisfy all curriculum requirements due to the impact of COVID-19 an outcome 10.2 should be awarded and training time extended. The specific requirements that are missing to enable CCT should be made explicit and included in the learning plan for the period of additional training.</p> <p>Where trainees have lost some training time due to COVID-19 but the ARCP panel are satisfied that they have completed training, an outcome 6 should be awarded.</p>