



ARCP decision aids: For trainees on the new 2021 clinical and interventional radiology curricula

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. The generic guidance for enabling progression at ARCP was contextualised for clinical radiology and interventional radiology in amended decision aids first published in May 2020, and then updated in April 2021. These offered 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 radiology and interventional radiology curricula have been implemented and most trainees will be assessed against these new curricula at their 2022 ARCPs. **This document provides amended decision aids for trainees who have transferred to the new 2021 curricula**, offering guidance on the minimum expectations for progress for trainees following the 2021 curricula, where training has been impacted by COVID-19. **Any trainees who have remained on the previous 2016 curricula should use the [amended decision aids relating to the 2016 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.

An MSF is 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 MSFs 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 trainee has been unable to complete a QIPAT due to COVID-19, evidence that this is underway should be considered evidence of engagement with this aspect of training.

Where a trainee has not been able to complete a teaching observation 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 ST1 trainee would normally be expected to have completed 6 mini-IPX, 6 Rad-DOPS and 2 teaching observations, however if the trainee has completed 7 mini-IPX, 3 Rad-DOPS but did not have the opportunity to complete a teaching observation this still demonstrates engagement with learning and assessment.

ARCP panels should be aware that linking evidence to individual capabilities in practice 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 reviewed 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 2021 CR and IR curricula recognise the following critical progression points:

- The end of training following completion of ST5 (CR) or ST6 (IR)
- The transition from ST3 to ST4, where trainees begin special interest training, interventional radiology subspecialty training or nuclear medicine training. It is important that trainees have the appropriate general radiology knowledge to support the development of specialist skills, while maintaining and further developing their general radiology capabilities. To support this the FRCR2A exam is normally required, however if a trainee has not yet passed the exam for reasons unrelated to their capabilities and their supervisors are confident in their ability to progress to special interest or subspecialty training, the ARCP panel may choose to allow the trainee to progress to ST4. Trainees should have an individualised, supportive plan for this transition.

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.

Trainees who were previously allowed to progress on an outcome 10.1 without the required exam, should not be allowed to progress again until the examination has been passed. If this is due to exam cancellations, postponement, or inability to attend due to required self-isolation, we recommend that the trainee should be awarded outcome 10.2 to recognise this. If COVID-19 has not been a factor, then standard outcomes should be used.

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.

ARCP decision aid: clinical radiology ST1 – 3

	ST1	ST2	ST3
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.</p> <p>WPBA should have been undertaken in a timely and educationally appropriate manner throughout the period available for training.</p> <p>An MSF should be included where 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 cannot be completed, evidence that a QIPAT is under way and reflections on teaching experience would support an outcome 10.1.</p>		
Examinations	<p>Trainees who have not passed the first FRCR exam due to cancellations, postponement, or inability to attend due to required self-isolation, but who are otherwise making expected progress, should be given an outcome 10.1 and are expected to pass the exam before the end of ST2. If COVID-19 is not a factor, standard outcomes should be used.</p>	<p>Any trainee who progressed into ST2 without passing the first FRCR exam who has still not achieved this should not be allowed to progress into ST3. If this is due to cancellations, postponement, or inability to attend due to required self-isolation, they should be awarded an outcome 10.2. If they have not passed the exam for reasons not related to COVID-19 standard outcomes should be used.</p>	<p>Trainees who have not passed the FRCR2A due to cancellations, postponement, or inability to attend due to required self-isolation, but who are otherwise making expected progress, should be given an outcome 10.1 and are expected to pass the exam before the end of ST4. If COVID-19 is not a factor, standard outcomes should be used, in line with the guidance on managing this critical progression point given above.</p>
Educational Supervisor's Structured Report	<p>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.</p>		
Missing capabilities/experience	<p>Where trainees are generally progressing at or above the expected rate but are below the expected level of entrustment for some CiPs, milestones or procedures, or are missing some experience as a result of COVID-19, an outcome 10.1 may be awarded. If COVID-19 is not a factor, standard outcomes should be used.</p>		<p>Where missing capabilities/experience can be made up during subsequent training, an outcome 10.1 can be awarded. If this is not possible, an outcome 10.2 can be given. If COVID-19 is not a factor, standard outcomes should be used.</p>

ARCP decision aid: clinical radiology ST4 – 5

	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 throughout the period available for training.</p> <p>An MSF should be included where 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 cannot be completed, evidence that a QIPAT is under way and reflections on teaching experience would support an outcome 10.1</p>	
	One research project undertaken at any point during training, evidenced in the e-portfolio (e.g. by a research evaluation form or publication)	
Examinations	<p>Any trainee who progressed into ST4 without passing the FRCR 2A exam who has still not achieved this should not be allowed to progress into ST5. If this is due to cancellations, postponement, or inability to attend due to required self-isolation, they should be awarded an outcome 10.2. If they have not passed the exam for reasons not related to COVID-19 standard outcomes should be used.</p> <p>Trainees who have passed FRCR2A but have not passed FRCR2B due to cancellations, postponement, or inability to attend due to required self-isolation, but who are otherwise making expected progress, should be given an outcome 10.1 and are expected to pass these exams before the end of ST5. If they have not passed the exam for reasons not related to COVID-19 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.	

<p>Missing capabilities/experience</p>	<p>Where trainees are generally progressing at or above the expected rate but are below the expected level of entrustment for some CiPs, milestones or procedures, or are missing some experience as a result of COVID-19, an outcome 10.1 may be awarded. If COVID-19 is not a factor, standard outcomes should be used.</p>	<p>CCT can only be awarded where all required experience and curriculum requirements 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>
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ARCP decision aid: interventional radiology

	ST4	ST5	ST6
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 throughout the period available for training.</p> <p>An MSF should be included where 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 cannot be completed, evidence that a QIPAT is under way and reflections on teaching experience would support an outcome 10.1.</p>		
	One research project undertaken during either core or subspecialty training, evidenced in the e-portfolio (e.g. by a research evaluation form or publication)		
Examinations	<p>Any trainee who progressed into ST4 without passing the FRCR 2A exam who has still not achieved this should not be allowed to progress into ST5. If this is due to cancellations, postponement, or inability to attend due to required self-isolation, they should be awarded an outcome 10.2. If they have not passed the exam for reasons not related to COVID-19 standard outcomes should be used.</p> <p>Trainees who have passed FRCR2A but have not passed FRCR2B due to cancellations, postponement, or inability to attend due to required self-isolation, but who are otherwise making expected progress, should be given an outcome 10.1 and are expected to pass these exams before the end of ST5. If they have not passed the exam for reasons not related to COVID-19 standard outcomes should be used.</p>	Any trainee who progressed into ST5 without passing the FRCR2B exam who has still not achieved this should not be allowed to progress into ST6.	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 capabilities/experience	Where trainees are generally progressing at or above the expected rate but are below the expected level of entrustment for some CiPs, milestones or procedures, or are missing some		CCT can only be awarded where all required experience and curriculum requirements have

	<p>experience as a result of COVID-19, an outcome 10.1 may be awarded. If COVID-19 is not a factor, standard outcomes should be used.</p>	<p>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.</p> <p>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>
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