## **Supporting the COVID-19 response: management of Annual Review of Competency Progression (ARCP) – supplementary guidance from the Faculty of Public Health (April 2021)**

## **General**

* This specialty specific guidance is written to supplement the [ARCP guidance](https://www.hee.nhs.uk/coronavirus-information-trainees) produced by the Statutory Education Boards for use during the COVID-19 pandemic.
* While COVID-19 continues we anticipate that ARCPs can resume a ‘normal’ annual cycle with standard ARCP Outcomes used predominantly.
* We recognise that the impact of COVID-19 on training may continue for some years so that guidance on the use of Outcome 10s remains important.
* FPH exams are now held online and therefore should not create a barrier to progression.
* Health protection is core public health business and many learning outcomes can be covered in deployed roles. We have not amended the curriculum or defined any compensatory evidence.
* We would therefore expect only limited use of Outcome 10s:
	+ Outcome 10.1: e.g. for those who needing targeted work on some missed learning outcomes but be able to get back on track;
	+ Outcome 10.2 can be used if it becomes clear that missing learning outcomes due to COVID-19 can only be achieved with extra time. It might be occasionally used for those deployed from public health to a clinical role or where there are other factors, such as a previously failed exam or adverse outcome.
* ARCP outcomes should be recorded in the normal way but the number of 10.1, 10.2 and N13 outcomes must be notified quarterly to the Faculty at educ@fph.org.uk, along with the total number of outcomes.

## **Prioritisation**

We anticipate that trainees will be able to have ARCPs in a normal cycle from 2021, but we recognise that while the pandemic continues there may be times when local areas are under pressure and some prioritisation will be needed. We recognise that the nature of public health means regular close contact between the Educational Supervisor, who is usually also the named Clinical Supervisor, and trainee. Moreover, the programmes are small, and Training Programme Directors and Heads of School are also in regular contact with their Educational Supervisors.

Where local areas are under pressure, we expect a specific discussion between the Training Programme Director, Educational Supervisor and trainee about the ARCP to include:

* The impact of COVID-19 work on the trainee and Educational Supervisor in terms of wellbeing, time to train and educational progress.
* Factors which might require prioritisation (see criteria below)
* Any risk to obtaining an Educational Supervisor report.

The following list of three criteria should be used to prioritise:

1. An Outcome 6.
2. Where trainee is on an adverse outcome.
3. Where an adverse outcome is expected.

And additionally, at the discretion of the local training programme:

1. Those about to enter their final year (ST4 to ST5).
2. Those completing their first year of training.

We think it is likely that virtual ARCP panels will continue for much of 2021; these panels should aim for at least three members as numbers in public health are relatively small, but two-member panels may be used.

## **Minimum data set**

While we expect ARCP panels to have full information, where there are COVID-19 pressures the following outputs are the minimum requirement:

* Educational Supervisor report.
* Form R (or country-specific equivalents – e.g. SOAR declaration in Scotland).
* Trainee description and reflection on learning (this will be particularly relevant for categories 1-3 under in the priorities above).

## **Acting Up and period of grace**

* CCT criteria are unchanged so continue to require all exams and competencies competed; nothing can be left to the period of grace.
* Any capabilities and exams could be gained in Acting Up roles.

## **Further support**

* For further support and any queries please contact: educ@fph.org.uk.
* Guidance to be reviewed October 2021.