Covid-19 arrangements:

The Royal College of Psychiatrists' decision aid for the Annual Review of Competency Progression

March 2021

Foreword

By Dr Kate Lovett, RCPsych Dean

“During the last 12 months the UK has been subject to various restrictions on how we work and live affecting all of us in numerous aspects of our personal and professional lives.

Dr Kate Lovett, RCPsych Dean

Psychiatric trainees have continued to provide frontline care to the most vulnerable in society, both in the community and within in-patient units. They have dealt with the harsh impact of the virus on the lives of their patients, whilst coping with their own disrupted lives and worries about family and loved ones. The challenges to life and training during this period have been immense. I want to thank all trainees again for everything they have done to put patients first and support service delivery during this time.

We have come a long way in the last 12 months in terms of understanding the illness. Mass vaccination programmes are now well underway in the UK offering us hope of a way out of the pandemic with gradual easing of restrictions. However, as we start to work towards resuming normal life, we still need to ensure the circumstances of individual trainees are fully understood and there is appreciation of the impact that Covid-19 has had on their recent training opportunities.

Whilst most psychiatric trainees were not redeployed to other medical specialties, there are some of areas of the UK where this has happened in small numbers for short periods of time in the first wave of the Pandemic. In other areas changeover of training rotations were delayed in order not to disrupt continuity of care at the height of the third wave.

Our trainees and educators have stepped up to meet the challenges to ensure that training during this period was disrupted as little as possible. Most areas successfully moved to virtual teaching sessions, Balint groups and remote clinical working as well as psychotherapy sessions online.

The MRCPsych examinations for Paper A and Paper B and the CASC were successfully digitised, and a temporary derogation regarding the examination was introduced to ensure that trainees were not disadvantaged by the cancellations of written papers in the first wave by being able to sit the clinical examination without having had the opportunity to pass all written papers first. The temporary derogation will revert in time for the September 2021 CASC examination with Papers A and B to be completed prior to this diet.

Last year we produced guidance to support Annual Review of Competency Progression (ARCP) panels to help make decisions to ensure that trainees have the support they need to meet curriculum competencies despite the current challenges. We have reviewed this guidance in light of changes over the last year since it was written.

As ever, patient safety is the fundamental guiding principle behind ARCP decision making. We need to continue to ensure that underpinning values of respect, compassion and empathic understanding are demonstrated by panels and made visible to trainees.

Like every crisis in life, the pandemic has produced unexpected opportunities to discover things about ourselves and to discover new skills we may not have previously had the opportunity to develop. In retrospect, we can often look back and recognise hard times as a time of growth. For this reason, I encourage trainees to continue to recognise and reflect on the new learning experiences they may have had as a result of the pandemic and for those wider, generic skills to be recognised and valued by the ARCP panels.

Finally, I would like to thank all of our medical educators for everything they have been doing to continue to look after patients in challenging circumstances, as well as for their considerable investment in the future of good mental health care by supporting our current trainees. The fallout from the pandemic is likely to have an impact on society well into the future. It has never been more important to have sufficient well-trained psychiatrists to meet the future mental health needs of communities suffering the psychological impact of loss as well as the considerable social, economic and neuropsychiatric consequences of Covid-19. ”

Dr Kate Lovett,
Dean of the Royal College of Psychiatrists,
March 2021

1. Introduction

1.1. This guide has been produced to help panels consider appropriate evidence and outcomes for postgraduate psychiatry Annual Reviews of Competency Progression (ARCPs) in the UK where training has been affected by the Covid-19 pandemic. ARCPs are an important component of training. They provide a formal process to review written evidence presented by trainees and their supervisors to make judgements about competencies acquired, stage of training, and completion of training programmes. The process also provides evidence to support the revalidation of trainees with the GMC. The definitive reference guide to the process is the Gold Guide (8th Edition, March 2020)[1]. It is written, in collaboration, by the four UK health departments and published by Health Education England.

1.2. This RCPsych guide supports, and should be read in conjunction with, the Gold Guide, and guidance from Conference of Postgraduate Medical Deans of the United Kingdom (COPMeD) and the GMC.

1.3. ARCP panels for psychiatry have continued during the Covid-19 pandemic. Panels may deliver the ARCP process by videoconference facility, telephone or other suitable means. Local Postgraduate Deans have the authority to reduce the panel size to two members, if necessary, due to clinical service requirements.

1.4. In exceptional circumstances, due to clinical staffing issues during the Covid-19 crisis, it is possible for Postgraduate Deans to support a decision to restrict ARCP panels to trainees at critical transition points i.e., CT3 and ST6. At the time of publication, it is anticipated that this will be exceptional, with most areas planning to review all trainees.

1.5. It is recommended that where a decision is made to restrict ARCPs, trainees are given as much notice as possible.

1.6. Patient safety remains the primary concern in all decision-making regarding progression in training. Whilst the Covid-19 pandemic creates significant challenges to delivering and assessing training, no decisions should be made that jeopardise that. This is especially important for those completing training and moving on to consultant practice.

[1] COPMeD Gold Guide (GG8) – March 2020

2. Part A – Guidance on appropriate evidence for ARCPs

2.1. This section outlines appropriate evidence that should be submitted by trainees for their ARCP and considered by the panel. Opportunities to demonstrate curriculum competencies may have changed due to a variety of reasons including altered clinical work, supervisor availability for Workplace-Based Assessments (WPBAs) and lack of specific opportunities. Where this is relevant, it should be described in the psychiatric and educational supervisors' reports.

General considerations/minimum data set

2.2. Evidence for ARCPs should be submitted at least two weeks prior to the ARCP on the electronic portfolio. Evidence will include a variety of WPBAs, supporting documents, a completed Form R or SOAR declaration where applicable, reports from each Psychiatric Supervisor and an Educational Supervisor's report. The purpose of the evidence is to demonstrate progression towards the competencies outlined in the appropriate curriculum.

2.3. Most services have returned to normal or near-normal working with more availability of the clinical and professional experience necessary for completion of WPBAs. Postgraduate medical education programmes and other training have largely moved to successful online delivery. Hence, wherever possible, trainees should be able to work towards meeting the pre-Covid WPBA requirements for their ARCP. It remains the case, however, that some trainees may have been in a post(s) for some of the year of training being considered at ARCP where access to WPBAs has been reduced. Guidance below relates to such situations (2.9; table 1). It is expected from August 2021 that trainees will be working to acquire WPBAs at the normally expected rate.

Supervisor reports

2.4. Reports from the Psychiatric Supervisor(s) and Educational Supervisor are key documents for the ARCP panel, particularly where a trainee has had reduced opportunities to present wider evidence. Supervisors should be aware of this and describe the capabilities demonstrated by a trainee during the review period. The Educational Supervisor should specifically comment on whether there are issues in training, whether these were present before the Covid-19 outbreak, and how the Covid-19 outbreak has contributed to them, for example through reduced training opportunities or fewer opportunities to demonstrate progression.

2.5. Where a named trainer is unable to complete a report, for example through redeployment or unavailability, an alternative medical educator with knowledge of the trainee should complete the appropriate report.

Workplace-Based Assessments (WPBAs)

2.6. ARCP panels should recognise that opportunities to complete WPBAs may have been significantly reduced because of the Covid-19 outbreak for some trainees for varying proportions of the training period under consideration. This will apply variably to different types of assessment: for example, Journal Clubs (JCs) and Case Presentations (CPs) are likely to have been more affected than Case-Based Discussions (CBDs), particularly in the earlier weeks of the pandemic. The Direct Observation of Non-Clinical Skills (DONCS) assessment will have been of increased significance for higher trainees and may also have been used by core trainees to demonstrate aspects of the curriculum where helpful.

2.7. Wherever possible, trainees should work to pre Covid-19 requirements for WPBAs. However, some may still have had part of the training period being assessed affected by the pandemic and are supported in the continuation of reduced numbers of WPBAs being required if this is the case. Such circumstances will need to be explicitly detailed and confirmed in the psychiatric and educational supervisors' reports for the reduced ARCP requirement to be applied.

2.8. We recommended during the height of the pandemic that the minimum requirement of WPBAs trainees present in their portfolios was reduced by 1/3 across core and higher specialty training to recognise the effect Covid-19 had on the ability to complete WPBAs. This reduction is ending for placements from August 2021, when it will be expected that WPBAs will be undertaken at the rate normally expected in the curriculum. This will not apply retrospectively to posts prior to August 2021, to which the lower Covid-19 minimum requirement will still apply if required.

2.9. For trainees whose Psychiatric and/or Educational Supervisors confirm that all or part the period for which they are being assessed at ARCP has been significantly impacted in terms of the ability to undertake WPBAs by Covid-19, the reduced minimum number as detailed in the table below (table 1) would be expected. This remains a minimum requirement and trainees in this position should aim to undertake more WPBAs where this is reasonably possible. Trainees are expected to acquire WPBAs at the normal rate from August 2021 unless there are individual exceptional circumstances (such as an ongoing requirement to shield and work only remotely, for example). ARCP panels should consider this carefully and supportively for trainees whose assessment period includes placements pre- and post-August 2021, with a common-sense approach.

Specialty	Normal Curriculum WPBA requirement, resuming for posts from August 2021	Reduced WPBA requirement applied to posts between March 2020 and August 2021
Core Psychiatry	CT1 (16), CT2 (17), CT3 (18)	CT1 (11), CT2 (12), CT3 (12)
General Adult	ST4 (18), ST5-6 (14)	ST4 (12), ST5-6 (10)
Old Age	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)

Table 1. WPBA requirements

Example: *A CT1 trainee would normally be expected to have 16 WPBAs across a range of types by their ARCP. Where there has been service disruption or the trainee has been redeployed for period of time during the period assessed at ARCP and this has impacted on the ability to complete WPBAs, 11 would be acceptable to show suitable progression in conjunction with positive supervisor reports. The supervisor reports would be required to confirm the difficulty with acquiring WPBAs.*

2.10. For periods in which the COVID changes applied, WPBAs should be considered flexibly in demonstrating progression towards the curriculum competencies, with no formal requirement for a specific number of individual types of WPBA. However, some of those undertaken will need to be clinically focussed to evidence progression and competence of clinical skills. Where reduced numbers of WPBA have been submitted, provided there is evidence that all competencies have been met, an outcome 1 or 6 would be awarded as usual. An outcome 10.1 would not be utilised.

Example: *A core psychiatry trainee has not had the opportunity to present at a Journal Club. As an alternative a clinical research paper was discussed in a Case-Based Discussion with their supervisor. The panel should consider this as evidence towards the curriculum (ILOs 8 & 9).*

2.11. Wider evidence including reflection should be considered in assessing curriculum progression. Note that use of the reflective form on the e-portfolio remains optional. Evidence of this competency is provided in the supervisor's report.

Example: *A higher trainee has documented reflection on developing their leaderships skills in their portfolio. Although their Psychiatric Supervisor has not been able to complete a WPBA on this, the evidence should be considered by their Educational Supervisor and the ARCP Panel as compensatory evidence toward ILO 15.*

2.12. The panel should recognise that if a trainee has been redeployed in their clinical training or has been working remotely since March 2020, their

ability to obtain a mini-PAT assessment during this time may be reduced. This should not halt progression but be noted on the ARCP form to be followed up whenever practicable. From August 2021, if a trainee has been physically back in a training post more than 4 months, it is expected that they submit a mini-PAT as normal for that post.

Psychotherapy competencies

2.13. There is a recognition that in many instances medical psychotherapy competencies are being achieved through virtual means, but also that this may not have been possible specifically for the psychotherapy long case. Any incomplete psychotherapy competencies should be documented in the Educational Supervisor's Report and on the ARCP outcome form so trainees can be supported to meet them in their following training year. Further details are given below on specific ARCP outcomes for trainees finishing core training without demonstrating full psychotherapy competencies are given in section 3.16.

Subspecialty endorsement posts

2.14. Where trainees have missed part of a 12-month training period towards subspecialty endorsement (in Liaison, Rehabilitation or Addiction psychiatry), as a result of clinical need during the emergency, they may still be considered for recommendation for a CCT endorsement. They should evidence this in their portfolio with written confirmation from their Medical or Clinical Director that they were required to act up or were redeployed during the national emergency. Where this has happened there should also be evidence of support of the Training Programme Director (TPD) along with evidence from the TPD that all curriculum competencies have been achieved. Where this has not been possible, trainees should be offered additional time to complete competencies leading towards a subspecialty endorsement.

2.15. Individual situations will be reviewed on a case-by-case basis by RCPsych before putting forward a recommendation to the GMC for CCT with a subspecialty endorsement.

2.16. The above guidance applies only to ST6 trainees for their final ARCP prior to CCT where their training experience has been directly affected by Covid-19. Such situations are likely to be rare.

Impact of covid-19 trainee documentation

2.17. A trainee may wish to present evidence to the panel on how their training has been affected by the Covid-19 outbreak. Use of any such documentation is optional and designed to be helpful to trainees in processing and reflecting on their progress and how this may have has been affected by Covid-19. These forms cannot be mandated by panels. Two exemplar documents which focus on curriculum outcomes and on

disrupted training opportunities are included in Appendix B and C in this report.

3. Part B – Guidance on ARCP outcomes, documentation and progression

General considerations

3.1. ARCPs should continue to use the outcome form on the e-portfolio, which have been updated to include options relevant for the Covid-19 situation.

3.2. Panels should continue to use the normal range of ARCP outcomes for trainees. Although training has altered since March 2020, it is anticipated that the flexible requirements for evidence of progression in training will lead to most trainees receiving an Outcome 1 (Satisfactory Progress) or Outcome 6 (Completion of Training Programme) as appropriate.

3.3. Whilst trainees can continue to receive outcomes which will require additional support (2, 3) or (4), where they are released from a training programme, panels should be particularly mindful of any disruption to training that has occurred as a result of Covid-19. This could include reduced training opportunities or reduced ability to demonstrate improvement. In these circumstances use of an Outcome 10 may be more appropriate.

Outcome 10 guidance

3.4. The latest version of the Gold Guide 8 has been amended to enable the award of a new outcome where development of competencies has been delayed by Covid-19 (Gold Guide March 2020 4.9.1). Outcome 10.1 allows progression to the next stage of training, either at a non-critical progression point or where the Royal College has made amendments that allow progression through a critical progression point. Outcome 10.2 is used where a trainee cannot progress (for example at CCT in higher training) and will need additional training time.

3.5. Outcome 10 is not considered an adverse outcome for trainees, but a trainee will have specific unmet competencies identified and an educational plan to meet them developed.

3.6. Outcome 10s require one or more C-codes (similar to U- and N-codes) to describe the specific situation being reviewed. Of particular relevance to psychiatry ARCP panels are:

- Outcome 10.1, C2: Trainee at a critical training progression point but can progress due to changed requirements (see Psychotherapy and ECT below).

- Outcome 10.1/10.2, C4: Prolonged isolation. (Note that many psychiatry trainees will have been able to continue with training despite isolation and if satisfactory should receive an Outcome 1).

- Outcome 10.1/10.2, C5: Inadequate progress prior to Covid-19, where satisfactory progression may have been possible had there not been disruption.

3.7. Outcome 10s should not be used as a general outcome, but only if specific circumstances relating to the trainee and the potential effects of the Covid-19 situation make it appropriate. Panels should consider discussion with their Head of School when awarding an Outcome 10 to ensure it is being used correctly.

3.8. All trainees receiving an Outcome 10 should be informed of the specific requirements needed. A development plan to address these should be made in collaboration with the relevant educational supervisor and trainee.

3.9. Outcome 10s should be formally reviewed in an appropriate time frame. This will vary according to the specific requirements. Higher trainees close to achieving CCT may need an early review after 3 months in order to receive an Outcome 6. Trainees with longer requirements (such as long case psychotherapy carried into higher training) may need a longer time until review, including up to their next scheduled ARCP in a year. Panels should clearly document the expected time-period for review.

3.10. The decision guide for Outcome 10 from COPMeD is included in this guidance, Appendix D.

Sickness/absence outcomes

3.11. Where a trainee has had more than 14 working days away from training due to sickness or other statutory absence, their CCT date should be reviewed by the panel as usual. As a result, some trainees may have the end of training date delayed, despite adequate progress in training, because of extended absence. This would lead to the adjustment to their CCT date and would not usually require an Outcome 3 or an Outcome 10 to be awarded.

MRCPsych exam requirements

3.12. Completion of the MRCPsych examinations (Paper A, B and the CASC) remain a curriculum requirement for the completion of core training. Due to written exam cancellations in 2020, temporary amendments were made to the MRCPsych examination regulations that allowed trainees to sit the exam components in any order. These exams have since had usual

sittings, and the requirement to have passed both Paper A and Paper B prior to being able to sit the CASC exam will return for the September 2021 CASC exam sitting.

3.13. Trainees who are approaching the end of CT3 training without having completed the CASC examination should be considered for an Outcome 3 with extension to training as usual, or an outcome 4 if the available extension time has been used, and are not eligible for an Outcome 10.

Psychotherapy requirements

3.14. Where a trainee approaching the end of CT3 has not completed a required psychotherapy case, which they had already started or were due to start, as a direct result of service disruption due to Covid-19, panels should consider awarding an outcome 10.1 (C2) where it has not been possible for the psychotherapy tutor to confirm competencies that would allow an outcome 6. For an outcome 10.1 panels should be reassured that the trainee would otherwise have been on track to complete all psychotherapy competencies had it not been for Covid-19. This should be clearly documented.

3.15. A trainee in this situation who has been appointed to ST4 will be able to progress and will be given the opportunity to undertake further psychotherapy in ST4 training to ensure they have gained sufficient psychotherapy experience as recommended by the current curricula during the course of their training. This will be reviewed at their first ARCP during ST4.

3.16. It is anticipated that ARCP panels subsequent to February 2022 would expect that core trainees will have completed the psychotherapy requirements, including the long case, within core training subject to a continued reduction on the impact of Covid-19.

3.17. Similarly, if a CT3 trainee has been unable to obtain ECT competencies due to Covid-19 but would otherwise have been on track to complete all core training requirements, panels should award an outcome 10.1 (C2) and document that ECT competencies should be obtained in ST4 and reviewed at the next ARCP. It is anticipated that this will not be required for ARCP panels beyond February 2022.

CCT requirements

3.18. Where a higher trainee is approaching their CCT but has not met all the required curriculum competencies because of Covid-19 they should receive an Outcome 10.2. It is anticipated that this will be a rare outcome and should be clearly documented and reviewed at the earliest appropriate opportunity.

3.19. Where a trainee at the end of programme has not met competencies due to factors that have clearly not been affected by Covid-19 they should

receive an Outcome 3 (if due extension time) or Outcome 4 (if completed extension time).

Sub-specialty endorsements (recording outcome)

3.20. As described in Part A (2.11-2.13), where trainees approaching CCT have not completed the full 12-month training period leading to the recommendation of a subspecialty endorsement, as a direct result of Covid-19, the panel should note the presence of evidence from their medical or clinical director that this was necessary and from the TPD that curriculum competencies have been achieved. This should be documented carefully on the ARCP outcome form in order to facilitate review by the RCPsych when making CCT recommendation to the GMC. Where curriculum competencies have not been met, this should lead to discussion about whether an extension to training may be required by the trainee.

Trainees returning from time out of programme (OOP)

3.21. Some trainees chose to return to clinical training during the pandemic, having been out of programme previously. The panel should note the presence of evidence supporting progression in training to ensure that their time in training during this period will count towards their CCT.

Academic trainees

3.22. Academic trainees should be reviewed at joint clinical academic review panels.

3.23. Where academic work has been affected by the Covid-19, for example a research block curtailed, or a research project suspended, this should be reflected in the ARCP report. If the trainee has returned to full time clinical training and is progressing satisfactorily with this, then an Outcome 1 can be awarded, and the time counted towards their training. Where a trainee has moved to full time academic work and not received any clinical training during the period, an Outcome 10 (10.1 or 10.2 depending on stage of training) may be necessary.

3.24. The ARCP should record the disruption to academic activity in the ARCP out- come form, and the academic activity should be returned to at the next suitable opportunity.

Example: *An academic trainee had their research project halted in March and they moved into a clinical training post. They present evidence on their clinical progression to the ARCP panel, who note the time in training and award an Outcome 1. The panel also record the disrupted* academic *time and arrange for substitute academic time to occur from August.*

Forensic training

3.25. Forensic Psychiatry Higher Training Panels should be aware that a high secure placement is not an explicit requirement of the curriculum. Trainees should be able to demonstrate curriculum competencies of assessing patients in high security, refer patients to high security from medium secure care or from prison, and the necessary knowledge regarding the different levels of security to be able to effectively manage a patient's care pathway.

3.26. Forensic trainees should receive a positive outcome (1 or 6) if these conditions are met, notwithstanding not having had experience in a specific secure setting.

ARCP Feedback

3.27. Feedback from the ARCP remains an important formative component of the process. The ARCP panel should include sufficient detail for all trainees to be clear on why they have been given a specific ARCP outcome. The ARCP process supports excellence in training; the panel should recognise significant achievements in training and promote trainee development. Where there have been examples of good practice during the Covid-19 pandemic, panels should recognise this on the outcome form.

3.28. Where a trainee has received an outcome, which requires additional support with or without additional time i.e., Outcome 2, 3 or 10, the specific development requirements should be clearly documented.

3.29. Trainees who have received an outcome 2, 3 or 10 should have a face-to-face meeting (via videoconference or alternative) with the panel or a senior educator to discuss the recommendations, consider appropriate training and be offered suitable support (for example the local Professional Support and Wellbeing Service). Trainees should also be aware of the options for review and/or appeal from outcomes 2, 3 and 10.

Programme requirements (including Child and Adolescent Run-Through Training)

3.30. ARCP panels should record any specific requirements for trainees in the next stage of their training. Trainees may need to liaise with their Educational Supervisor and Training Programme Director in advance of their next rotation to ensure these needs can be appropriately met in subsequent placements and training.

3.31. Run-through Child and Adolescent Psychiatry trainees may have their paediatric-linked placement in ST2 disrupted or cancelled due to Covid-19. The ARCP panel should confirm if the CAMHs and paediatric-linked experience have occurred and if not, the progression plan should include this experience in ST3.

4. Conclusion

4.1. This guidance is designed to assist trainees, trainers and ARCP panels in con- ducting ARCPs that are fair, transparent, and supportive while recognising the realities of how Covid-19 has affected psychiatry training. Patient safety remains the fundamental principle for ARCP panels in reviewing trainees' progress through training.

4.2. There is flexibility for panels to consider wider evidence for curriculum competencies and strengthened supervisor reports balancing the reduced potential to complete Workplace Based Assessments.

4.3. This guidance can be found in the training section of the RCPsych website.

4.4. Heads of School of Psychiatry will work with local systems to ensure consistency across the UK and dissemination of agreed practice via local education networks.

4.5. The above guidance applies only to UK ARCPs during Spring/Summer 2021 until August 2021, in the light of the Covid-19 pandemic and national emergency measures.

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Appendices

Appendix A: Brief summary guidance for panels

Summary

ARCPs will continue to take place during the Covid-19 situation and occur via videoconferencing or similar. Patient safety remains the primary concern, but panels have increased flexibility in reviewing evidence to take account of the changed opportunities trainees may have at this time. The below is applicable until August 2021.

Evidence

- Evidence should be submitted via the eportfolio and include WBPAs, supporting documents, Psychiatric Supervisor report(s) and an Educational Supervisor report. Trainees will need to complete a Form R or have submitted a completed SOAR Declaration (trainees in Scotland).
- The supervisor reports are key documents for the panel, particularly where a trainee has had reduced opportunities to present wider evidence. ES Reports should include any impact of Covid-19 on progression.
- WPBA requirements are reduced by 1/3 for all training programmes. This is applicable until August 2021.
- WPBA and other evidence should be considered flexibly in demonstrating progression to curriculum competencies.
- Trainees may include documentation demonstrating how their training has been affected by Covid-19 but this is not compulsory.
- There is specific guidance for psychotherapy competencies for trainees at the end of CT3 and subspecialty endorsement posts where a trainee has less than 12 months due to Covid-19 contained in the full guidance document.

Outcomes

- ARCP Panels should continue to use the eportfolio outcome form.
- ARCP Panels should use the normal range of ARCP outcomes where appropriate, and it is anticipated that most trainees will receive an Outcome 1 or Outcome 6 as usual.
- Where development of competencies has been delayed by Covid-19 there is the option to use Outcome 10 – either Outcome 10.1 (progressing to next stage of training) or Outcome 10.2 (requires extra time as unable to progress). These new outcomes require clear documentation, and a C-code (similar to U- codes). Consider discussing with your Head of School if awarding an Outcome 10 to ensure correct use. If an Outcome 10 is

awarded clear documentation is required regarding what competencies are outstanding and when this will be reviewed.

- Trainees can request a review of Outcome 10.1 and can appeal an Outcome 10.2.
- Sickness and other absence from training for more than 14 working days leads to a review of CCT date as normal.
- A trainee at the end of CT3 but who was unable to complete a single planned psychotherapy case can progress on an Outcome 10.1 and complete this requirement in ST4.
- A trainee at the end of CT3 but without ECT competencies can progress on an Outcome 10.1 and complete this requirement in ST4.
- Academic trainees and OOP trainees returning to clinical practice should have this documented and any completed clinic training signed off.
- Trainees receiving outcomes (2,3 or 4) or an Outcome 10 will need a conversation with the panel or senior educator regarding panel recommendations and to be offered support.

Appendix B: Reflective document of Covid-19 impact (competency-based)

Covid-19: trainee reflective report

The Covid-19 pandemic has produced unprecedented challenges to both society and to your medical training. The following form has been produced to enable you to briefly reflect on the impact of the pandemic on your training, if you find this helpful. This can help guide your conversation with your psychiatric supervisor regarding any additional training opportunities you have had as a result, as well as areas where you may have struggled to obtain necessary training experience.

The reflective section is outlined below. A potential reflective structure to follow could be Gibb's Reflective Cycle[2], which uses the following key areas for reflection:

- Description of the experience
- Feelings and thoughts about the experience
- Evaluation of the experience, both good and bad
- Analysis to make sense of the situation
- Conclusion about what you learned and what you could have done differently
- Action plan for how you would deal with similar situations in the future, or general changes you might find appropriate.

Area of skill	How has working within the Covid-19 pandemic enhanced your competencies in the key areas below?	What competencies do you feel you have struggled to develop as a direct result of the Covid-19 pandemic	Areas you wish to highlight for development in the Psychiatric Supervisor's report
Professional relationships and standards ILOs: 1, 3, 4, 5, 6, 7, 8, 9, 11, 12, 13, 14, 15, 16, 17, 18, 19			

[2] Gibb's Reflective Cycle (1988) – University of Edinburgh

Communication ILOs: 1, 2, 3, 4, 5, 6, 7, 13, 16, 19			
Clinical knowledge and skills ILOs: 1, 2, 3, 5, 7, 13, 16, 19			
Managing complexity and uncertainty ILOs: 1, 2, 3, 4, 11, 16, 19			
Knowledge of legal and organisational frameworks ILOs: 3, 4, 7, 14, 16, 19			
Health promotion and illness prevention ILOs: 3, 7, 18, 19			
Teamworking ILOs: 1, 3, 4, 7, 14, 15, 16, 18, 19			
Leadership ILOs: 1, 3, 4, 7, 14, 15, 16, 18, 19			
Patient safety ILOs: 4, 9			

Quality improvement ILOs: 10			
Safeguarding vulnerable groups ILOs: 1, 3, 4, 7, 19			
Education and training ILOs: 9, 17, 19			
Conducting research and critical appraisal ILOs: 8, 9, 10			

Additional comments:

Appendix C: Reflective document of Covid-19 impact (opportunity-based) from NW Deanery

Health Education England School of Psychiatry Covid-19 Training Disruption Notification Form

The School appreciates that trainees may have experienced an alteration to their clinical experience due to Covid-19 and that future educational plans will need to take these changes into account. This form is to record how your training activity has been affected and will be reviewed by your ARCP panel and your other trainers.

Trainee details:

Full name:	
Specialty:	
GMC number:	
Grade:	
email address:	

Educational Supervisor details:

Educational Supervisor name:	
Educational Supervisor email address:	

Reason for disruption to training:

Please select from the following options:

Category	Numbers of days/sessions
Cancellation of teaching sessions	
Cancellation of examinations	
Change in clinical placement	
Return from research activity (ACF/ACL/ OOPR)	
Access to/issues with psychotherapy	
Sick leave*	
Self-isolation*	
Carers leave*	
Expected duration (if known)	

Please provide details of the disruption:

Any other information:

Appendix D: COPMeD Outcome 10 Decision Aid