

# Guidance for Managing Disruption to Training

April 2022

1. Where a trainee is unable to train or work remotely and there is no evidence of educational activity
  - The training clock stops, and the time is treated as time out of training.
  - These periods should be recorded as absence or time out of training as outlined in the [Managing Time out of Training guidance](#).
  
2. Where remote patient consultation is not possible but there is evidence of learning linked to the GP specialty training curriculum
  - The ARCP panel should consider any documented learning and how this has supported educational attainment and achievement in capability
  - It is reasonable for up to three months of this time to contribute to training.
    - Longer than this when working remotely with no patient contact, would likely not benefit the trainee nor provide opportunity for additional curriculum linked educational attainment.
    - The decision on how long should contribute lies with the ARCP panel.
  - In order to provide reassurance to the RCGP and GMC, a comment must be added to the ARCP form to confirm that this period has been reviewed and how much of it can contribute to training requirements.
  
3. Where redeployment to another approved training post is required
  - This post should be treated as any other within the usual guidelines for [CCT and Programme Construction](#).
  - These periods should be noted on the ARCP form, and a “redeployed” post description added to any impacted posts.
  
4. Where remote patient consultation is possible but face-to-face physical patient contact is not
  - The usual expectations on engagement with the Trainee Portfolio, and evidence of learning apply. The following criteria might be considered:
  - All WPBA and curriculum requirements must be met before a trainee can be competent for licensing and issued an Outcome 6.
    - There should be evidence of capability in all relevant areas of the curriculum according to their specific definitions, and they should be assessed independently from the mode of consultation undertaken, but
    - for CCT, achievement in ‘Communication and Consultation’ requires evidence of *capability* in all recognised consultation techniques, including face-to face.
  - Please refer to [WPBA guidance](#) for:
    - details on which elements normally require physical patient contact and are expected to be completed with the trainee in the same room as the patient.
    - when, in exceptional circumstances it is appropriate for suitable compensatory evidence to be considered.