

**Trainee self-assessment & declaration for use in ARCPs**  
**during COVID-19 Pandemic**

**Self-declaration and Educational Supervisor validation for ARCPs during COVID-19 Pandemic.**

**IMPORTANT:**

Please prepopulate this form with the information about your training since your last ARCP review, or this is the first scheduled ARCP in your programme, since the start of your current period of training.

Please comment on:

- Your self-assessment of progress up to the point of COVID-19 (up to 23 March 2020)
- How your training may have been impacted by COVID-19 e.g. if you have not been able to acquire required competences/capabilities through lack of appropriate learning opportunities or cancellation of required exams/courses
- Any other relevant information

***By signing this document, you are confirming that ALL details are correct and that you have made an honest declaration on accordance with the professional standards set out by the General Medical Council in Good Medical Practice.***

**Trainee Self-assessment of Progress**

Please self-rate your progress in training since your last ARCP using the three-point rating scale. Please include details of cancellation of teaching sessions/examinations.

*Please select one category only.*

1) **Below expectations for stage of training – needs further development:**

If selected, please state the reasons below:

2) **Satisfactory progress meeting expectations for stage of training but some required competencies not met due to COVID-19:**

If selected, please select the reason below and insert additional information into the 'Trainee Comments' column:

Supplementary Code	Description	Tick box to identify where progression has been impacted due to COVID-19	Trainee Comments
C1	I am at a critical progression point (not CCT) and could not attempt the exam as it was cancelled due to COVID-19.	<input type="checkbox"/>	State which exam was cancelled
C2	I am at a critical progression point (not CCT) and was not able to complete a mandatory training course as it was cancelled due to COVID-19	<input type="checkbox"/>	State which course(s) was cancelled
C3	I could not acquire appropriate curriculum-related experience due to service changes as a result of COVID-19	<input type="checkbox"/>	Please describe service changes

3) **Satisfactory progress for stage of training and required competences met:**

Please state any other information you wish to provide for the ARCP panel below:

### Trainee Check-in

Please indicate in response to the following:

1) I would like to have discussion about my training or current situation with my supervisor.

Yes

No

2) I have concerns with my training and/or wellbeing at the moment and would like to discuss with someone

Yes

No

### Trainee Placement Changes

Please indicate any changes to your placement caused by your individual circumstances (e.g. moving from frontline services for those in high-risk groups).

Please include as much as information as possible including details of any periods of self-isolation with dates and/or changes as a consequence of COVID-19.

1) Changes were made to my placement due to my individual circumstances:

Yes  - Go to 1a

No

1a) Please explain further how your placement was changed:

**Educational Supervisor (ES) Report/Validation**

Please provide details of your Educational Supervisor in this section. Your Educational Supervisor will have the opportunity to review the information provided in the self-assessment declaration, comment and confirm/validate them and make a recommendation for the ARCP during COVID-19. This will be completed by the Educational Supervisor in your e-portfolio.

<b>Name of your ES:</b>		<b>ES Email Address:</b>	
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**Trainee Declaration**

*I confirm this form is a true and accurate declaration at this point in time and will immediately notify the Deanery/HEE local team if I am aware of any changes to the information provided in this form.*

<b>Trainee Signature:</b>		<b>Date:</b>	
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**\*\*Important\*\***

**Please return this form as instructed in the accompanying email, and ensure you also email a copy to your Educational Supervisor.**

**Providing this form supplied in advance of the ARCP, the ARCP Panel will review this as part of your evidence.**