

# **Annual Review of Progress in Training - ARCP**

## **A NES Guide to Good Practice**

May 2010

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## 1. Introduction

The GMC Generic Standards for Training<sup>1</sup> specify that :

6.27 Trainers **must** regularly review the trainee's progress through the training programme; adopt a constructive approach to giving feedback on performance; advise on career progression; and understand the process for dealing with a trainee whose progress gives cause for concern.

7.3 There **must** be robust processes for identifying, supporting and managing trainees whose conduct, health, progress or performance is giving rise to concern.

The Annual Review of Competence Progression (ARCP) is the protocol for assessing the progress and performance of specialty trainees at the end of each year of training. Detailed guidance on the ARCP process is set out in the "Gold Guide" (A Reference Guide for Postgraduate Specialty Training in the UK 2007, 2008 or, 2009 edition<sup>2</sup>) and **must** be followed by all Postgraduate Deaneries. Supplementary guidance for trainees in "Core training" for decoupled programmes is available in a supplement to the Gold Guide (A Reference Guide for Postgraduate Specialty Training in the UK Core Training Supplement For Scotland, December 2008<sup>3</sup>) and **must** also be followed for trainees in Core Training Programmes. NES Medical Directorate Executive Team has determined that a harmonised approach to trainee review will operate across Scotland<sup>4</sup>. (Annex A)

This guide aims to document known areas of concern or potential confusion along with suggestions for improvement and current known best practice, based on experience from training programmes across the UK. As such, it is expected that this guide will be updated annually to take account of new developments and practice as the process evolves. It also provides (a) summary guidance for trainers, trainees and lay members involved in the process and (b) agreed reporting templates for the process, for use across all NES postgraduate deaneries.

This is synoptic guidance, and while every attempt has been made to ensure that it is accurate, in the event of any conflict between the terms of this guidance, and that in the Gold Guide, the latter will prevail. The section of the Gold Guide relating to ARCP is provided as an annex to this document. (Annex B).

## 2. The Purpose of ARCP

Gold Guide Para 7.46

The ARCP provides a formal process which uses the evidence gathered by the trainee, relating to his/her progress in the training programme. It should normally be undertaken on at least an annual basis for all trainees undertaking specialty training and will enable the trainee, the Postgraduate Dean and employers to document that the competences required are being gained at an appropriate rate and through appropriate experience. The process may be conducted more frequently if there is a need to deal with progression issues outside the annual review. It is not in itself a means or tool of assessment...

## 3. Trainees Subject to ARCP

The annual trainee review process (ARCP) is required for ALL specialty trainees - StRs, academic trainees, trainees on out of programme experience (OOPE), out of programme research (OOPR) out of programme training (OOPT), trainees in fixed term training appointments (FTSTAs), and trainees in locum appointments for training (LATs). Legacy specialist registrars (SpRs) will be subject to the Record of In Training Assessment (RITA) process.

<sup>1</sup> [http://www.gmc-uk.org/Generic\\_standards\\_for\\_training.pdf](http://www.gmc-uk.org/Generic_standards_for_training.pdf) 31300576.pdf

<sup>2</sup> [http://www.nes.scot.nhs.uk/medicine/policies/documents/Gold\\_Guide\\_June\\_2009.pdf](http://www.nes.scot.nhs.uk/medicine/policies/documents/Gold_Guide_June_2009.pdf)

<sup>3</sup> <http://www.nes.scot.nhs.uk/medicine/policies/documents/GoldGuideCTsupplementscotland2009-finalversion.doc>

<sup>4</sup> <http://www.nes.scot.nhs.uk/medicine/policies/documents/NESARCPOct08.doc>

#### 4. Deanery Responsibility

MDET has determined that a named associate postgraduate Dean will have overall responsibility and accountability for the annual trainee review process in each specialty. A senior deanery staff member will normally chair the review panel.

#### 5. ARCP Panel membership and roles

The Gold Guide sets out the required membership of an ARCP panel – at least 3 members appointed by the relevant training committee (eg Specialty Training Committee) or equivalent group, of which one **must** be either the Postgraduate Dean (or his nominated deputy – an Associate Postgraduate Dean) or a training programme director (TPD). All panels **must** fulfill this requirement. MDET has agreed that panel will normally include (in addition to the chair) (a) the training programme director, (b) an appropriate external specialty representative (c) an appropriate lay person and (d) two University representatives where academic trainees are under review. The panel will normally be chaired by the chair of the Specialty Training Committee or one of the Training Programme Directors or Associate Deans/Directors.

The Joint Academy of Medical Royal Colleges (AoMRC) and the Conference of Postgraduate Medical Deans (COPMeD) Training Advisory Group (JACTAG) have agreed guidance on external advice from medical specialists<sup>5</sup> (March 2010). This sets out the requirement for, and the role of, external specialist advice.

##### JACTAG

External advisers should participate in the ARCP process, as outlined within the Gold Guide but they are not expected to attend every ARCP. However, there should be sufficient face-to-face meetings in order to ensure the external adviser/s can form a view on the quality of evidence presented. All levels of training should receive the benefit of external advice, not just penultimate year assessments (PYAs) or HST.

The role of the external adviser for ARCP is two fold:

**i) The ARCP process** – The external adviser must ensure that the ARCP process is consistent and appropriate for the specialty. There should be a sampling of ARCP processes, and the external adviser is expected to liaise on this with lay members appointed by the deanery. The external adviser may provide advice on decision outcomes if invited to do so.

**ii) Experience of training (Specialty) adviser** – The external adviser advises the panel on individual experiences of training, answer specialty-based queries and identifies issues which arise from the ARCP or training processes. Although external advisers should not be reporting to their college/faculty on individual trainees, they should be able to provide advice and direction on concerns about individual experiences of training as they arise.

The Deanery should provide a written list of panel members with a statement of the role of each member opposite each name. It is helpful to provide a written description of the purpose and role of each representative as guidance for panel members. At the start of the meeting, the required contributions from each member should be agreed and the Chair should assign at least two members of the panel to examine different areas of evidence (e.g. WBAs, logbook consolidation numbers, portfolio evidence of courses, examination results etc.) and agree the timetable for the task.

The requirements for ARCP panels for academic trainees, appointed through SCREDS, are laid out in the Gold Guide. Panel membership should include 2 academic representatives. The same joint clinical and academic panels should normally review trainees pursuing academic goals in Out of Programme activities.

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<sup>5</sup> <http://www.nes.scot.nhs.uk/medicine/policies/documents/JACTAGExternaladvicefrommedicalspecialists.pdf>

#### Gold Guide Para 7.50

The objectives of the panel are :

- 1 to consider and approve the adequacy of the evidence and documentation provided by the trainee, which at a minimum **must** consist of a review of the trainee's portfolio through a structured report from the educational supervisor, documenting assessments (as required by the specialty curriculum) and achievements. The panel should provide comment and feedback where applicable on the quality of the structured educational supervisor's report or assessor's documentation
- 2 provided that adequate documentation has been presented, to make a judgement about the trainee's suitability to progress to the next stage of training or confirm training has been satisfactorily been completed.

### 6. Presence of trainee and presentation of evidence

The Gold Guide makes it clear that the ARCP is NOT an inquisitorial process.

Para 7.58	The process is not an assessment of the trainee in and of itself but it is an assessment of the documented and submitted evidence that is presented by the trainee. It has been compared to consideration of University examination results by an external panel and as such <b>the trainee should not normally attend</b> the panel.
Para 7.59	For practical and administrative reasons, some Deaneries or specialties may wish to discuss other issues e.g. the trainee's views on their training, planning of future placements on the same occasion as the annual panel meets. However, the assessment of evidence and the judgement arising from the panel must be kept separate from these other issues. <b>Trainees must not be present at the panel considering the outcomes</b> except for the circumstances described in the next paragraph.
Para 7.60	The exception to this is where the Training Programme Director, educational supervisor or academic educational supervisor has indicated that <b>there may be an unsatisfactory outcome</b> through the annual review process [Outcomes 2, 3 or 4]. Under such circumstances the trainee will have been informed prior to the panel of the possible outcome and <b>must meet with the panel but only after the panel has considered the evidence and made its judgement</b> , based upon it.

In summary, therefore, the trainee **must not** be present during the presentation and assessment of the evidence. As such, the evidence must be provided and presented in a way that does not require the presence of the trainee. In Surgery, for example, the ISCP website enables presentation and examination of much of the required evidence electronically (AES reports, WBAs, logbook etc). Since paper based portfolios are necessarily large but also very important, it is not appropriate to copy them, and trainees should be discouraged from allowing them to be sent/left with others in case of loss. It may be considered good practice to also have actual sight of trainee portfolios from time to time for quality assurance purposes or for follow-up meetings (see below), but the structured report from the educational supervisor should indicate the number and type of work based assessments achieved as well as examination results and other experiential activities required by the specialty curriculum, as per the Gold Guide.

The evidence base for the annual trainee review process will vary from specialty to specialty, and trainees **must** be provided with clear and unambiguous guidance on the evidence required. This guidance will be the same in all NES regions for a particular specialty<sup>6</sup>. Where necessary, work will be undertaken through the Specialty Training Boards to agree this guidance for all programmes.

MDET has determined that, as a guide, the evidence base for ARCP should consist of should consist of :

- (i) a structured educational supervisor's report

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<sup>6</sup> Annex C : Guidance on evidence required for ARCP

- a. where a specialty / college educational supervisor's report template exists, this should be used, with a cover sheet to ensure that the minimum data-set required is available<sup>7</sup>
  - b. otherwise, an agreed NES-wide proforma will be used<sup>8</sup>
- (ii) an up to date curriculum vitae
- (iii) an updated form R (ARCP), or form A (RITA)

#### Gold Guide Para 7.40

Deaneries will make local arrangements to receive the necessary documentation from trainees and will give them and their trainers **at least six weeks notice** of the date by which it is required so that trainees can obtain structured reports from their educational supervisors. Documentation must be received at least 2 weeks before the date of the ARCP. Trainees **will not** be "chased" to provide the documentation by the required date but should be aware that failure to do so will result in the panel failing to consider their progress.

### 7. Timing of ARCPs and outcomes

The Gold Guide details the nine possible outcomes of ARCP. The definitions of these outcomes are summarized below, but are described in detail in Para 7.70 of the Gold Guide. It is good practice to provide a written copy of the possible ARCP outcomes and their descriptions as detailed in the Gold Guide for each panel member at the ARCP (for example, a copy of pp 68-70 of the current guide).

Outcome 1	Satisfactory Progress - Achieving progress and the development of competences at the expected rate
Outcome 2	Development of specific competences required – additional training time not required. Trainee <b>required</b> to meet with the panel.
Outcome 3	Inadequate progress by the trainee – additional training time required. Trainee <b>required</b> to meet with the panel.
Outcome 4	Released from training programme with or without specified competences. Trainee <b>required</b> to meet with the panel.
Outcome 5	Incomplete evidence presented – additional training time may be required.
Outcome 6	Recommendation for completion of training. Gained all required competences - will be recommended as having completed the training programme and for award of a CCT or CESR/CEGPR.
Outcome 7	Fixed-term Specialty Trainee (FTSTAs) or LATs.
Outcome 8	Out of programme for research, approved clinical training or a career break (OOPR / OOPT / OOPC).
Outcome 9	Doctors undertaking top-up training in a training post.

ARCPs are by definition an annual event and should assess the progress made by the trainee during the last year of training. The current start dates of most training programmes, however, are in early August, which requires that ARCPs take place immediately before that date. Unfortunately, this coincides with peak holiday periods for trainers and may make it difficult to arrange the necessary panels. In addition, it is necessary for the TPD to know the ARCP outcomes and requirements for each trainee in time to arrange appropriate placements for the start of August, and employers require details of the trainees who will be allocated to them well in advance. Consequently, many ARCPs take place some time before the end of the 12 month training period (usually May/June/July). This can lead to difficulties in evaluating whether a trainee has achieved or is likely to achieve all the necessary objectives for that year, since there may be several weeks of training placement left before the end of the year under review. There is a risk that trainees may claim that any unsatisfactory outcome issued on the basis of incomplete evidence is unfair since they have not completed their placement at the time of ARCP.

<sup>7</sup> Annex D : Details of College Specified Educational Supervisor's Reports

<sup>8</sup> Annex E : Generic structured educational supervisor's report.

**A number of good practice strategies are available to overcome these difficulties:**

- a. The dates for ARCP should be set as close as possible to the end of the 12 month period under review.
- b. As far as possible, the dates for ARCP should be set and made known to trainees and trainers a year in advance. Panel members should be agreed and asked to confirm their availability as early as possible. "Reserve" panel members should be identified and notified so they can be available in case other members become unavailable at short notice.
- c. Trainees should be alerted to the fact that they will be expected to have completed and validated all necessary WBAs by the time of the ARCP. They should be instructed that continuous acquisition of validated and satisfactory WBAs is required throughout the year, not just in the last two weeks prior to ARCP.
- d. Assigned Educational Supervisors should be made aware of the dates for ARCP well in advance and should be asked to ensure that trainee assessments and reports are completed in time for the process.
- e. The required evidence for academic trainees should be agreed in advance by the Deanery and the University/ies involved in the programme.
- f. Failure to provide the necessary validated evidence in time for the ARCP will preclude the issuing of an **outcome 1** (satisfactory progress) regardless of the date of the ARCP. **Only those trainees who provide ALL the necessary and satisfactory validated evidence to the ARCP panel at the time of the first meeting can be issued with an outcome 1.**
- g. If the panel feels that the "missing" or "incomplete" evidence is minimal (e.g. one or two completed but unvalidated WBAs) **they should issue an outcome 5** with an agreed time limit for the provision of the necessary validated evidence to the Deanery and TPD. This time limit should not be beyond the end of the trainee's current placement and should not be later than two weeks prior to any changeover date relating to a new placement.
- h. Provision of satisfactory validated evidence by the agreed date should result in the issue of a supplementary new **outcome 1** at the end of the placement. Failure to provide satisfactory validated evidence by the agreed date should result in **outcome 3** with the associated possible implications for additional training time. **Outcome 2 should NOT be issued if additional time has been allowed for the provision of evidence, but the trainee has failed to provide this.** If it is felt that the evidence is not definitely achievable by the required date, then an outcome 2 or 3 should be issued at the first ARCP meeting (see (i) below).
- i. If the panel feels that the evidence which is missing is substantial and cannot be easily addressed by the end of the placement (e.g. incomplete audit projects or insufficient numbers of completed WBAs) they **MUST issue an outcome 2, 3 or 4 at the time of the first meeting of the ARCP panel.** The Gold Guide states that where there is the possibility of an unsatisfactory the trainee must be informed in advance and **must** meet the panel after the evidence is considered and the unsatisfactory outcome agreed. The purpose of the trainee meeting with the panel after it has reached its decision is to discuss the recommendations for focused or additional remedial training if these are required. If the panel recommends focused training on the acquisition of specific competences (outcome 2) then the timescale for this should be agreed with the trainee.
- j. Occasionally results of examinations which are required for progression are not known at the time of the ARCP. Provided the examination has been taken and there is a reasonable expectation that the examination results will be known by the end of the placement, an outcome 5 may be issued as described above (paragraph 4f). If examinations results are not expected until after the end of the placement then an outcome 2 or 3 should be issued, since the trainee has failed to achieve the required competence at the end of the training period. Trainees should be made aware of the need to provide evidence of necessary examination success for satisfactory progress, and to enter for the required

examinations at an appropriate time. Further details for Core Trainees are provided below (paragraph 9).

- k. Arrangements should be made to review the missing or incomplete evidence (paragraph f) or the examination results (paragraph h). This could be combined with the session to meet trainees with outcomes 2, 3 or 4, or with the planning meetings (para 7 below). A senior Deanery staff member (Dean or Associate Dean), must be involved in meetings with trainees with outcomes 2, 3 or 4, and it may be appropriate to involve the Deanery lead for Doctors in Difficulty<sup>9</sup>.

## 8. Instructions for trainees

Trainees should be issued with written instructions regarding the timing and arrangements of the ARCP at least **8 weeks** in advance of the panel meeting. The instructions should make it clear what they are expected to provide and the timescale and manner in which the evidence should be provided. The implications of failure to provide the evidence should be clearly spelt out so that there can be no claims of lack of information prior to ARCP. Evidence must be submitted no later than 2 weeks before the date of the panel.

The instructions should also include information for trainees in Fixed Term posts (including Core trainees and those who are not planning to follow a career in that specialty and do not wish to register with the College). ARCP arrangements for these trainees may differ slightly and are detailed below (paragraph 9).

The instructions should include the requirements for evidence of examination success detailed above.

College websites provide useful information on syllabus requirements and trainees should be made aware of these at an early stage of training. In addition, trainees should be made aware of the published curricula and assessment systems on the GMC web-site<sup>10</sup>. Information on specialty-specific evidence requirements for ARCP, specialty-specific educational supervisors reports, and specialty-specific decision guides for ARCP will be collated and published on the NES/medicine web-site.

## 9. Assessment of evidence against required competencies and objectives: importance of learning agreements

The approved specialty curricula and assessment systems make clear the competencies which are required to be achieved by the end of each stage of training, including examination success. However, these stages are currently described in broad terms. While some Colleges and specialties have produced detailed decision guides for assessing the evidence at ARCP (eg JRCPTB), some have not. This may make it difficult to assess objectively whether a trainee has achieved sufficient competencies to progress from year to year within each of these stages on an annual basis as required by ARCP.

For specialties where ARCP decision guides exist, these must be used by the panel<sup>11</sup>

**However, until such national guidance is available for all specialties, the following strategy is suggested as best practice for all training programmes and ARCPs:**

- a. Training Programme Directors, supported by their Specialty Training Committees should examine the competencies required for each stage of training as detailed in the curriculum and decide on the minimum annual requirements for their programme within each year of training. Where necessary, these minimum requirements should then be agreed through STBs in order that consistent standards are applied across Scotland. These will be annexed to later revisions of this guide, and published on the NES/medicine web-site.
- b. The agreed minimum annual requirements should be made known to all Educational Supervisors and included in the **mandatory** learning agreements which are created for each trainee at the start of each year/placement.

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<sup>9</sup> [http://www.nes.scot.nhs.uk/medicine/postgraduate\\_training/doctors\\_in\\_difficulty/default.asp](http://www.nes.scot.nhs.uk/medicine/postgraduate_training/doctors_in_difficulty/default.asp)

<sup>10</sup> [http://www.gmc-uk.org/education/postgraduate/approved\\_curricula\\_systems.asp](http://www.gmc-uk.org/education/postgraduate/approved_curricula_systems.asp)

<sup>11</sup> Annex F : Specialty specific ARCP decision guides.



- c. These objectives should be clearly documented in the initial meeting report which can be accessed by the ARCP panel and used to benchmark trainee achievement and progress at the time of ARCP.
- d. Trainees should be made aware of these minimum requirements within the nationally agreed curriculum assessment framework, so that they can tailor their WBAs and provide evidence of appropriate progression and achievement.
- e. Failure to achieve minimum agreed objectives in the learning agreements should be dealt with at ARCP by the issuing of the appropriate outcome (2, 3 or 5) as detailed above.

## 10. Role of the Logbook

With the advent of the competency-based framework, the use of the logbook to examine minimum or indicative numbers of index cases and procedures has been superseded by the introduction of workbased/procedure based assessments WBA/PBA, set out in the approved curriculum and assessment systems. However, some trainers have concerns about low numbers of procedures being undertaken even if WBA/PBAs are apparently signed off. ARCP panels sometimes look at logbooks to check the veracity of apparently satisfactory WBA/PBAs.

**It should be emphasised that the examination of logbooks is not an objective measure of trainee ability or performance.** In cases where some competencies are felt to be deficient or unsatisfactory, however, the logbook may be examined to ensure that the trainee has had adequate exposure to appropriate procedures and has had adequate opportunities (with or without supervision) to achieve the required level of competence. Thus the logbook is more a measure of the opportunities available in the training placement, rather than an objective measure of the ability of the trainee. ARCP panels should be advised to consider the logbook in this way and to use it as supplementary information rather than as evidence of progress. It is important to remember that with reductions in available manpower, especially out of hours, the only available assistant for a procedure may be a consultant, thus converting a procedure which a trainee may be capable of doing without supervision, into one which is recorded as “under supervision”. These and other factors make the logbook records less valuable as an objective measure of ability and should be borne in mind at ARCP.

## 11. Combining training planning meetings with ARCPs

For reasons of expediency and efficiency, some training programmes may prefer to combine a training planning meeting with ARCP process. Feedback from trainers and trainees suggests this may be considered valuable as long as the meeting with the trainee does **not** occur until after the evidence of progress has been examined and the ARCP outcome agreed.

Some deaneries ask the trainees to make a short presentation (3 slides is usually sufficient) detailing what they have achieved in the last year, what they plan to achieve in the following year and the challenges they believe they will face in the next 12 months. This can then provide the basis for the training planning discussion and career guidance. Trainees value the opportunity to present their achievements and concerns and it also helps them to focus on and crystallize their training progress and needs. The TPD should be present at the training planning meeting or make appropriate arrangements for structured feedback on the outcomes.

## 12. Role of “interim” assessments

The annual nature of the ARCP and the variation in current effectiveness of regular appraisal has led some training programmes to introduce “interim assessments” which are sometimes described as “ARCPs”. While such interim meetings with trainees are undoubtedly of value in flagging potential failure to progress at the appropriate rate they should NOT be confused with the official ARCP process. Formal ARCP Outcomes **must not** be issued at such meetings.

Current good practice suggests that an interim meeting (halfway through the year) between the trainee and a panel from the STC may be of great value in alerting the trainee and trainers to any potential deficiencies while there is time to remedy them. At such meetings, the trainee should be invited to present their learning

objectives for their year of training and the evidence they have of progress towards them. It is not necessary to have an external expert member on these panels, and the expense that would be incurred to do so is likely to be unacceptable to many Deaneries. The use of such meetings is a matter for local agreement within Deaneries. A letter from the Training Programme Director to each trainee summarising the conclusions of the meeting is found to be of value by many trainees and should be retained in the trainee portfolio where it can serve as contributory evidence for the formal annual ARCP, especially in cases where annual progression is found to be deficient at the end of the year.

It should be emphasised that such interim assessments should not be required if regular trainee appraisal meetings with the Assigned Educational Supervisor are being carried out to a high standard and in a consistent manner.

### 13. Outcomes

The outcome of the ARCP decision should be recorded on the agreed pro-forma for the purpose<sup>12</sup>.

#### *Outcomes : FTSTAs and LATs*

The Gold Guide stipulates clearly that trainees in Fixed Term Training post (FTSTAs including LATs) should be issued with an ARCP outcome 7 (finalised in 3<sup>rd</sup> ed). Since FTSTA posts are usually only for one year, and LATs for shorter periods, and not for a complete stage of training, it is essential that the objectives expected of that trainee are clearly set out in the learning agreement, and compared with the achievements at the time of ARCP. The competencies achieved at the end of the Fixed Term Post should be listed on the outcome 7, *as should those which were expected but not achieved satisfactorily*. Trainees thus have a record of their progress which can be used in evidence for subsequent training applications and appointments and may be of value in assessing the appropriate stage of training if they subsequently obtain a training number (NTN). Trainees in FTSTA/LAT posts are not entitled to additional training time to achieve set objectives.

#### *Outcomes : Core Trainees*

Assessment and ARCP outcomes for trainees in “Core Training Programmes” has led to some difficulty and concern. Although such appointments are generally for two years, and although trainees in Core Training Programmes do not have National Training Numbers these are not fixed term posts, but are specialty training posts, with an (albeit limited) entitlement to time out of programme and to remedial training if required (set out in the core training supplement<sup>13</sup>). Core trainees should therefore receive ARCP outcomes 1,2,3,4,5 or 8 as appropriate.

Unlike FTSTA trainees, Core Trainees with appointment to 2 year (or 3 year) Core Programmes are entitled to additional training time to achieve the required objectives, as detailed in the Core Training Supplement to the Gold Guide. This may be of particular importance with reference to achieving examination success in MRCS/MRCP/MRCPsych. Consequently, Core Trainees who are found at ARCP to have failed to achieve the required competencies for their year of training should be allowed a maximum of six months additional training time to achieve the necessary competencies. Normally, no more than 6 months additional time should be allowed over the entire duration of the Core Training Programme (excluding any additional time required for statutory leave such as maternity or sick leave), although exceptionally this may be extended at the discretion of the Postgraduate Dean.

### 14. Trainees leaving programmes by choice

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<sup>12</sup> Annex G : Pro-forma for recording ARCP outcomes

<sup>13</sup> <http://www.nes.scot.nhs.uk/medicine/policies/documents/GoldGuideCTsupplementscotland2009-finalversion.doc>

Some difficulties have arisen in agreeing appropriate ARCP outcomes for trainees who are undertaking FTSTAs or other Fixed Term appointments but who do not wish to pursue a career in that specialty. Such trainees are usually reluctant (and may not be required) to register with a College, which carries a financial cost. Consequently the evidence of appropriate performance and progression may not be stipulated on a College website. These trainees (usually at ST1/2 level) are also often averse to undertaking examinations, which would normally be required of trainees, and should not be required to do so.

*However, it is essential that any trainee accepting a training post (for whatever purpose) agrees to comply with the requirements for ongoing assessment and ARCP.* These trainees should be dealt with under ARCP outcome 7 criteria (not outcome 4). The importance of the initial learning agreement and the agreement of reasonable outcome measures and WBAs is critical in the assessment of these trainees.

Trainees who have not registered with a College must be required and instructed to provide the ARCP panel with hard copy evidence of progress and performance. Such instructions should be issued in writing at the start of the appointment. Poor or unsatisfactory performance or failure to achieve agreed objectives must be recorded on the outcome 7 form. Competencies which *have been* achieved should also be recorded, since these may be relevant to subsequent training in alternative specialties.

*This guidance also applies to trainees who may decide during their training programme that they wish to change career or specialty. A decision to give up a specialty career does not entitle the trainee to refuse to comply with the ARCP requirements for their post.*

## **15. Requirements for additional training time and subsequent outcomes**

Any additional training time required to *produce evidence* should be documented on the outcome 5 form which should be issued at the initial ARCP where deficiencies are identified. Subsequent failure to achieve the requirements after this additional time should result in outcome 2 or 3 being issued. *Time required to produce evidence is not the same as time required to achieve competence.* Outcome 5 should only be issued where there is agreement that the missing evidence is minimal or can be achieved in a short time.

Failure to achieve required competencies, or evidence of unsatisfactory performance, **must** result in outcome 2 or 3 at the initial ARCP. Additional training time required to achieve competencies must be recorded and may result in a change to the expected CCT date.

Trainees who have failed to achieve the necessary objectives and competencies by the time of ARCP may require additional training time in order to do so (outcome 3). Permitted maximum additional training times allowed are detailed in the Gold Guide and the Core Training Supplement to the Gold Guide.

Uncertainty may arise about the issuing of supplementary ARCP outcomes after completion of this additional training time, especially when the time required is less than one year.

*A subsequent review should be arranged for the end of the additional training time and a new ARCP outcome should be issued even if it is not a year since the previous ARCP.* The dates under review stipulated on the ARCP form should be clearly amended to show that this is additional training time, not the previous year under review. The possible outcomes from additional training time review should be limited to 1 (satisfactory), 3 (unsatisfactory – further additional time required) or 4 (release from training). Outcome 5 should not normally be issued at the end of additional training time since trainees should be fully aware of the need to provide all necessary evidence by the date of the review.

## **Annexes**

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## **A. Harmonisation of the Scottish Approach to the Annual Specialty Trainee Review Process**

## Harmonisation of the Scottish Approach to the Annual Specialty Trainee Review Process (ARCP & RITA)

The process of annual review of trainees is fundamental to the management of postgraduate medical education and training, and is pivotal to the quality management of the process. The PMETB standards provide limited guidance (below), and the governance of the process is mainly set out in the [Gold Guide](#) for specialty trainees and the [Orange Guide](#) for Specialist Registrars.

6.27 Trainers must regularly review the trainee's progress through the training programme, adopt a constructive approach to giving feedback on performance, advise on career progression and understand the process for dealing with a trainee whose progress gives cause for concern.

It is clear that the approach to the review process differs across the Scottish Deaneries, and it has been agreed that we should seek to have a consistent process in place to facilitate the development of national programmes, and to underpin our business processes.

The following principles have been agreed for application in all 4 Scottish Deaneries :

### **A Trainees under Review :**

The annual trainee review process (ARCP / RITA) is required for ALL specialty trainees (StRs, SpRs, academic trainees, trainees on OOPE/R/T, FTSTAs, LATs).

### **B Deanery Responsibility**

A named associate postgraduate Dean will have overall responsibility and accountability for the annual trainee review process in each specialty. The review panel will normally be chaired by a senior deanery staff member.

### **C Evidence base**

The evidence base for the annual trainee review process should consist of :

- (i) a structured educational supervisor's report
  - a. where a specialty / college educational supervisor's report template exists, this should be used, with a cover sheet to ensure that the minimum data-set required is available
  - b. otherwise, an agreed NES-wide proforma will be used
- (ii) an up to date curriculum vitae
- (iii) an updated form R (ARCP), or form A (RITA)

### **D Panel Membership**

The ARCP / RITA panel will normally include (in addition to the chair) :

- a the training programme director
- b an appropriate external specialty representative
- c an appropriate lay person (this could be a non-medical service representative)
- d two University representatives where academic trainees are under review

### **E Process**

- (i) The ARCP / RITA panel will first meet in the absence of the trainees, consider the submitted evidence, and make a decision on the outcome of the review.
- (ii) Following this panel meeting, the panel members, except the lay representative, may meet with each trainee individually to :
  - a. Receive a presentation from the trainee of their past year and plans for the next
  - b. Consider the forward plan for the next phase of the trainee's education

- c. Consider in depth the evidence and educational plan for any trainee for whom an unsatisfactory outcome has been agreed

**F Outcome:**

The outcome of the process (ARCP 1 – 8, or RITA C – E) will be recorded on an agreed proforma, and entered on the NES Pinnacle Database.

Guidance based will be developed for Trainees, Associate Deans, Training Programme Directors and Deanery ARCP Teams.

## **B. Gold Guide 2009, Section 7, ARCP Guidance**



## Section 7: Progressing as a Specialty Registrar

### Competences, experience and performance

- 7.1** The curricula approved by PMETB for specialty training programmes define the standards of knowledge, skills and behaviours which must be demonstrated in order to achieve progressive development towards the award of the CCT.
- 7.2** Competences, knowledge, skills and attitudes take time and systematic practice to acquire and to become embedded as part of regular performance. Implicit therefore in a competence based programme of training must be an understanding of both the minimum level of frequency and experience and the time required to acquire competence and to confirm performance in the specialty.
- 7.3** Most but not all specialties have minimum durations of training time required by *The General and Specialist Medical Practice Order, 2003*. Furthermore, all specialty curricula developed in the UK and approved by PMETB also quote either absolute minimum training durations (which must be at least as long as the European requirement), or an indicative “range” of time that the training programme is expected to take, the bottom end of the range reflecting the minimum European requirement.
- 7.4** This is important for two reasons:
- to define a “full” programme of prospectively approved training which entitles an individual who successfully completes it, award of the CCT (Appendix 8)
  - to make sense of a competence defined programme of educational progression within a framework of “time required” to enable breadth of experience and practice to ensure that the competences gained are sustainable and part of everyday practice.
- 7.5** Assessment strategies for specialty training must not deliver just “snapshots” of skills and competences, but must deliver a programme of assessment which looks at the sustainability of competences and the clinical and professional performance of trainees in everyday practice.
- 7.6** The new emphasis on work place assessments aims to address this through assessing performance and demonstration of the standards and competences in clinical practice. It means that trainers and trainees must be realistic about undertaking these assessments and that employers must ensure that appropriate opportunities are provided to enable this to happen effectively.

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- 7.7** Trainees gain competences at different rates, depending on their own abilities, their determination, and their exposure to situations which enable them to develop the required competences. The expected rate of progress in acquisition of the required competences is defined in each specialty curriculum. This is important so that Deaneries, trainers, trainees and employers are clear as to what is acceptable progress within specialty training. This will enable reasonable limits for remediation to be set so that trainees are aware of the boundaries within which remediation can and will be offered.

### Annual Review of Competence Progression (ARCP)

#### Appraisal, assessment and annual planning

- 7.8** Structured postgraduate medical training is dependent on having curricula which clearly set out the standards and competences of practice, an assessment strategy to know whether those standards have been achieved and an infrastructure which supports a training environment within the context of service delivery.
- 7.9** The three key elements which support trainees in this process are *appraisal, assessment and annual planning*. Based on a modified version of PMETB's assessment framework, these three elements are individual but integrated components of the training process. Together they contribute to the **Annual Review of Competence Progression (ARCP)**.
- 7.10** Assessment is a formally defined process within the curriculum in which a trainee's progress in the training programme is assessed and measured using a range of defined and validated assessment tools, along with professional and triangulated judgements about the trainee's rate of progress. It results in an *Outcome* following evaluation of the written evidence of progress and is essential if the trainee is to progress and to confirm that the required competences are being achieved.
- 7.11** Appraisal provides a complementary approach which focuses on the trainee and his or her personal and professional needs (educational appraisal) and how these relate to performance in the workplace and relate to the needs/requirements of the employer (workplace based appraisal).
- 7.12** All trainees must have a formally appointed educational supervisor who should provide, through constructive and regular dialogue, feedback on performance and assistance in career progression. Ordinarily such a dialogue should not inform the assessment process.
- 7.13** The educational supervisor will be responsible for bringing together the structured report which looks at the evidence of progress in training and also for undertaking workplace based appraisal with their trainees.

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- 7.14** The educational supervisor is the crucial link between the educational and workplace based appraisal process since the trainer's report provides the summary of the assessment evidence for the annual review process. The outcome from the annual review underpins and provides evidence for the workplace based appraisal process which is designed to reassure employers that the performance of doctors in postgraduate training is satisfactory.
- 7.15** During their appraisal discussion trainees must be able to discuss their worries/mistakes without fear that they will be penalised. Patient safety issues should usually be identified by clinical incident reporting, unless it is repetitive poor practice. However, where it is in the interests of patient safety or of the trainee, then the trainee must be informed that the relevant element of the appraisal discussion will be raised with the director/lead of medical education in the local education provider and the Postgraduate Dean.

### Educational appraisal

- 7.16** The purpose of educational appraisal is to:
- help identify educational needs at an early stage by agreeing educational objectives which are SMART (**S**pecific, **M**easurable, **A**chievable, **R**ealistic, **T**imebound)
  - provide a mechanism to receive the report of the review panel and to discuss these with the trainee
  - provide a mechanism for reviewing progress at a time when remedial action can be taken quickly
  - assist in the development in postgraduate trainees of the skills of self-reflection and self-appraisal that will be needed throughout a professional career
  - enable learning opportunities to be identified in order to facilitate a trainee's access to these
  - provide a mechanism for giving feedback on the quality of the training provided; and
  - make training more efficient and effective for a trainee.
- 7.17** Educational appraisal is a developmental, formative process which is trainee-focused. It should enable the training for individual trainees to be optimised, taking into account the available resources and the needs of other trainees in the programme. Training opportunities must meet the training standards as set by PMETB.
- 7.18** Appraisal should be viewed as a continuous process. As a minimum, the educational element of appraisal should take place at the beginning, middle, and end of each section of training, normally marked by the Annual Review of Competence Progression process. However, appraisal may be needed more frequently, for example after an assessment outcome which has identified inadequate progress.

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- 7.19** Each trainee should normally have a learning agreement for each training placement, which sets out their specific aims and learning outcomes for the next stage of their training, based on the requirements of the curriculum for the specialty and on their ARCP outcome. This should be the basis of all appraisal discussions throughout all stages of training. The learning agreement will need regular review and updating.
- 7.20** The educational supervisor and trainee should discuss and be clear about the use of a learning portfolio. Regular help and advice should be available to the trainee to ensure that the portfolio is developed to support professional learning.
- 7.21** Regular feedback should be provided by the educational supervisor on progress. This should be a two way process in the context of an effective professional conversation. Trainees should feel able to discuss the merits or otherwise of their training experience. The detailed content of the discussion which takes place within appraisal sessions should normally be confidential and a summary of the appraisal discussion should be agreed and recorded and any agreed actions documented. Appraisal summaries should be part of the trainee's portfolio.
- 7.22** The educational appraisal process is the principal mechanism whereby there is an opportunity to identify concerns about progress as early as possible. Failure to participate in undertaking workplace based assessments across all areas where these are required or in specific instances; issues raised in multi-source feedback; information from either staff or patients; significant or unexplained absences are examples of some early warning signs which should alert the educational supervisor that intervention may be required.
- 7.23** These concerns should be brought to the attention of the trainee during appraisal meetings. Account should be taken of all relevant factors which might affect progress (for example, health or domestic circumstances) and should be recorded in writing. An action plan to address the concerns should be agreed and documented between the educational supervisor and trainee. If concerns persist or increase, further action should be taken, either through the annual assessment process or, if timing is inappropriate, through direct contact with the Training Programme Director and employer, alerting them of these concerns.

### **Assessment and the Annual Review of Competence Progression (ARCP)**

- 7.24** In accordance with PMETB requirements, College and Faculties have developed assessment strategies which are blue-printed against the CCT specialty curriculum approved by PMETB and the requirements of the GMC'S *Good Medical Practice*.
- 7.25** This section deals with the elements of the Annual Review of Competence Progression which are designed to provide evidence and a judgement about progress. It does not address the important processes of

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educational/workplace based appraisal and programme planning which should respectively precede and follow from the formal assessment process.

- 7.26** The Record of In-Training Assessment (RITA) process which has, to date, been the process of overall assessment for specialist training requires improved definition to take into account the more explicit evidential base required by these assessment standards. It requires better linkages to the service and the public as set out in the Principles of Assessment developed by PMETB. The same also applies for the VTR forms issued for general practice vocational training.
- 7.27** RITA and VTR forms have been replaced by an assessment process for specialty training which will be called the **Annual Review of Competence Progression (ARCP)** and which will be based on the more explicit use of evidence to inform the annual assessment outcome of progress.

### PMETB Principles of Assessment

Quality Assurance, quality management and assessment systems guidance (PMETB, Revised, December 2006)

#### Principles

1. The overall assessment system must be fit for a range of purposes
2. The content of the assessment will be based on curricula for postgraduate training which themselves are referenced to all of the areas of *Good Medical Practice*
3. The individual components used will be selected in the light of the purpose and content of that component of the assessment framework
4. The methods used to set standards for classification of trainee's performance/competence must be transparent and in the public domain
5. Assessments must provide relevant feedback
6. Assessors/examiners will be recruited against criteria for performing the tasks they undertake
7. There will be Lay input in the development of assessment
8. Documentation will be standardised and accessible nationally and internationally
9. There will be resources sufficient to support assessment

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- 7.28** Each specialty has developed an assessment process blue-printed against the requirements of the curriculum and approved by PMETB. Further information about these requirements is available on the PMETB website. <http://www.pmetb.org.uk/index.php?id=approvedcurricula>
- 7.29** Assessment strategies will normally also include well-constructed and “fit-for-purpose” professional examinations which map back to the curriculum, in-work and real-time assessments such as directly observed procedures (DOPS); case note review or case-based discussion (CBD); multi-source feedback reports; observed video assessments or assessments in clinical skills facilities and other documented evidence of progress of the individual against the standards set out in the curriculum for the specialty. The educational supervisor’s structured report (Appendix 5) or an equivalent summary should be used to provide a summary of the outcome of these for the ARCP panel. This report must:
- reflect the learning agreement and objectives developed between the trainee and his/her educational supervisor
  - be supported by evidence from the workplace based assessments planned in the learning agreement
  - take into account any modifications to the learning agreement or remedial action taken during the training period for whatever reason.
- 7.30** Log-books, audit reports, research activity and publications document other sorts of experience and attainment of skills which trainees may need to demonstrate. They are not, in and of themselves, assessment tools, but are a valid record of progress. Information about these areas should be retained in a specific specialty professional **learning portfolio** (which is increasingly likely to be an electronic portfolio) which all trainees must keep in order to record their evidence and progress in their training. The portfolio will also form the basis of the educational and workplace based appraisal process and the annual planning process (paragraph 7.109 onwards). Increasingly, portfolios are being developed by specialties through the colleges and faculties to be maintained electronically, forming part of an electronic learning platform.
- 7.31** Trainees should familiarise themselves with the relevant specialty assessment and other documentation requirements required for the assessment of their progress (and the supporting appraisal and planning processes) at the start of the training programme.
- 7.32** Trainees should also familiarise themselves with the requirements of the GMC’s *Good Medical Practice*. In particular, paragraph 14 of *Good Medical Practice* (2006) requires that doctors must work with colleagues and patients to maintain and improve the quality of their work and promote patient safety. In addition, they must:
- maintain a folder of information and evidence, drawn from their medical practice

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- reflect regularly on their standards of medical practice in accordance with GMC guidance on licensing and revalidation
- take part in regular and systematic clinical audit
- respond constructively to the outcome of audit, appraisals and the annual assessment of outcome process,
- undertake further training where necessary.
- take part in systems of quality assurance and quality improvement in their clinical work and training (e.g. by responding to requests for feedback on the quality of training, such as the National Trainee Survey).

**7.33** The trainee's educational supervisor must ensure that the trainee:

- is aware of his/her responsibility to initiate workplace based assessments
- maintains an up-to-date log-book where this is required
- ensures that the trainee's professional learning portfolio is adequately developed including undertaking and succeeding in all assessments of knowledge (usually examinations) in a timely fashion based on the recommended timescale set out in the specialty curriculum.

**7.34** If genuine and reasonable attempts have been made by the trainee to arrange for workplace based assessments to be undertaken but there have been logistic difficulties in achieving this, the trainee must raise this with their educational supervisor immediately since the workplace based assessments must be available for the ARCP panel. The educational supervisor should raise these difficulties with the programme director and between them, must facilitate appropriate assessment arrangements within the timescales required by the assessment process.

**7.35** The educational supervisor will be responsible for completing a structured report (an example of which is shown at Appendix 5) which must be discussed with the trainee prior to submission. This report is a synthesis of the evidence in the trainee's learning portfolio which summarises the trainee's workplace assessments, experience and additional activities which contribute to the training process. The report and the discussion which should ensue following its compilation must be evidence based, timely, open and honest.

**7.36** If there are concerns about a trainee's performance, based on the available evidence, the trainee must be made aware of these. Trainees are entitled to a transparent process in which they are assessed against agreed standards, told the outcome of assessments, and given the opportunity to address any shortcomings. Trainees are responsible for listening, raising concerns or issues promptly and for taking the agreed action. The discussion and actions arising from it should be documented. The educational supervisor and trainee should each retain a copy of the documented discussion.



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### The Annual Review of Competence Progression (ARCP)

#### Collecting the evidence

- 7.37** Each specialty is required by PMETB to map its assessment processes against the approved curriculum and the GMC's *Good Medical Practice*. A structured report should be prepared by the trainee's educational supervisor and should reflect the evidence which the trainee and supervisor agreed should be collected to reflect the learning agreement for the period of training under review. The purpose of the report is to collate the results of the required in-work assessments, examinations and further experiential activities required by the specialty curriculum (e.g. logbooks, publications, audits). It is strongly recommended that all trainees and educational supervisors familiarise themselves with PMETB's guidance as well as the relevant Royal College curriculum and assessment programme.  
<http://www.pmetb.org.uk/index.php?id=848>
- 7.38** The trainee's educational supervisor may also be his/her clinical supervisor (particularly in small specialties and small training units), although wherever possible this should be avoided. Under such circumstances, the educational supervisor could be responsible for some of the in-work assessments, for producing the structured report, as well as for providing educational and workplace based appraisal for the trainee.
- 7.39** Great care will need to be taken to ensure that these roles are not confused and indeed, under such circumstances, the trainee's educational supervisor should discuss with the Training Programme Director and, if necessary, the Postgraduate Dean, a strategy for ensuring that there is no conflict of interest in undertaking educational appraisal and assessment for an individual trainee.
- 7.40** Deaneries will make local arrangements to receive the necessary documentation from trainees and will give them and their trainers at least six weeks notice of the date by which it is required so that trainees can obtain structured reports from their educational supervisors. Documentation must be received at least 2 weeks before the date of the ARCP. Trainees will not be "chased" to provide the documentation by the required date but should be aware that failure to do so will result in the panel failing to consider their progress. As a consequence, the trainee will not be able to document attained competences or progress in the specialty for the period under review. Failure to comply with the requirement to present evidence is dealt with in para 7.43. In time it is anticipated that ARCP panels will receive the evidence, which is largely but not exclusively the structured report, electronically. This is dependent on the development of e-portfolios for each specialty to support training.
- 7.41** Trainees must submit, as part of their documentary evidence for each annual review, an updated Registration Form R, giving accurate demographic details for use on the Deanery database.



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- 7.42** It is up to the trainee to ensure that the documentary evidence (including e-portfolio) which is submitted is complete. This should include evidence which the trainee may view as negative. Unsuccessful workplace based assessment outcomes (WPBAs) need not be included in the evidence submitted to the ARCP. Unsuccessful workplace based assessments should however be retained in the trainee's portfolio so that they are available for discussion with educational supervisors during educational appraisal discussions.
- 7.43** Where the documentary evidence submitted is incomplete or otherwise inadequate so that a panel cannot reach a judgement, **no** decision should be taken about the performance or progress of the trainee. The failure to produce timely, adequate evidence for the panel will result in an *Incomplete* outcome (Outcome 5) and will require the trainee to explain to the panel and Deanery in writing the reasons for the deficiencies in the documentation. The fact that outcome 5 has occurred will remain as a part of the trainee's record but once the relevant evidence has been submitted then a new outcome will be added according to the evidence evaluated by the assessment panel.
- 7.44** It may be necessary for the Training Programme Director (TPD) to provide an additional report, for example detailing events that led to a negative assessment by the trainee's educational supervisor. It is essential that the trainee has been made aware of this and has seen the report prior to its submission to the panel. It is not intended that the trainee should agree the report's content but is intended to ensure that the trainee is aware of what had been said. Where the report indicates that there may be a risk to patients arising from the trainee's practice, this risk needs to be shared with the Postgraduate Dean and the current employer. The trainee needs to be made aware that this is the case.
- 7.45** The trainee may submit, as part of their evidence to the ARCP, a response to the trainers' report or to any other element of the assessment documentation for the panel to take into account in their deliberations. Whilst such a document will be considered "privileged" and will be viewed and considered only by the panel in the first instance, depending on its content the trainee must expect that it will be followed up appropriately. Where, for example, a trainee raises allegations of bullying, harassment or other inappropriate conduct on the part of a trainer or other healthcare professional, such allegations must be taken very seriously. Whilst the panel itself is not set up to investigate or deal with allegations of this nature, it will bring such concerns to the attention of the Deanery in writing immediately following the panel for further consideration and possible investigation by the employing organisation. All Deaneries and employers of specialty trainees will have policies on managing allegations of inappropriate learning and working environments. Trainees are encouraged to follow these policies and training providers must make their policies on bullying and harassment known to trainees as part of their induction.

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### What is the purpose of the ARCP?

- 7.46** The ARCP provides a formal process which uses the evidence gathered by the trainee, relating to his/her progress in the training programme. It should normally be undertaken on at least an annual basis for all trainees undertaking specialty training and will enable the trainee, the Postgraduate Dean and employers to document that the competences required are being gained at an appropriate rate and through appropriate experience. The process may be conducted more frequently if there is a need to deal with progression issues outside the annual review. It is not in itself a means or tool of assessment but has been designed to fulfil the following functions:
- provide an effective mechanism for recording the evidence of the trainee's progress within the training programme or in a recognised training post (fixed term specialty training appointment)
  - provide a means whereby the evidence of the outcome of formal assessment, through a variety of PMETB agreed in-work assessment tools and other assessment strategies, including examinations which are part of the assessment programme, are coordinated and recorded to provide a coherent record of a trainee's progress
  - provide a mechanism for the assessment of out of programme clinically approved training and its contribution to achievement of the required competences
  - provided adequate documentation has been presented, to make judgements about the competences acquired by a specialty trainee and their suitability to progress to the next stage of training if they are in a training programme
  - provided adequate documentation has been presented, to make a judgement about the competences acquired by a trainee in a fixed term specialty training appointment and to document these accordingly;
  - provide a final statement of the trainee's successful attainment of the competences for the specialty and thereby the completion of the training programme. This will enable the Postgraduate Dean to present evidence to the relevant College or Faculty so that it can recommend the trainee to PMETB for award of the CCT or to enable the trainee to submit an application for the Certificate confirming Eligibility for Specialist or GP Registration (CESR or GEGPR).
- 7.47** The Annual Review of Competence Process is applicable to:
- all specialty trainees (including general practice trainees, those in core training, less than full-time training and trainees in academic programmes) whose performance through a specialty training programme must be assessed to demonstrate progression

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- trainees in combined academic/clinical programmes, e.g. those in Academic Clinical Fellowships, Clinical Lectureships, Clinician Scientist appointments
- trainees who are out of programme with the agreement of the Postgraduate Dean
- trainees in Fixed Term Specialty Training Appointments (FTSTAs)
- trainees in Locum Appointments for Training (LATs).

**7.48** Trainees who continue in SpR programmes will be subject to the Record of in-training assessment (RITA) process which supports the relevant curricula. Workplace-based assessments should be used to provide evidence to support the RITA process.

**7.49** Doctors who are successful in competing for a training opportunity (e.g. a LAT appointment) or who gain access to top-up training through appropriate arrangements in order to meet the requirements of PMETB to apply for a Certificate of Eligibility for Specialist or GP Registration (CESR/CEGPR) through Articles 11 or 14, will also have their progress assessed through the annual assessment process. There is a specific assessment outcome in relation to doctors undertaking top-up training (Outcome 9).

### The Annual Review of Competence Progression Panel (ARCP Panel)

**7.50** The panel has two objectives:

- to consider and approve the adequacy of the evidence and documentation provided by the trainee, which at a minimum must consist of a review of the trainee's portfolio through a structured report from the educational supervisor, documenting assessments (as required by the specialty curriculum) and achievements. The panel should provide comment and feedback where applicable on the quality of the structured educational supervisor's report or assessor's documentation;
- provided that adequate documentation has been presented, to make a judgement about the trainee's suitability to progress to the next stage of training or confirm training has been satisfactorily been completed.

### Composition of the ARCP Panel

**7.51** The panel has an important role which its composition should reflect. It should consist of at least **three** panel members appointed by the training committee or an equivalent group of which one must be either the Postgraduate Dean (or their deputy) or a Training Programme Director (TPD). The Chair of the Specialty Training Committee, Training Programme Directors, College/Faculty representatives (e.g. from the specialty SAC), educational supervisors and associate directors/deans are all appropriate panel members. Where an annual academic assessment outcome is also involved, there should additionally be two academic representatives on the

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outcome panel neither of whom were involved in the trainee's academic programme. The panel should have input from a lay member and external trainer who should review at least a random 10% of the outcomes and evidence supporting these and any recommendations from the panel about concerns over progress (Paragraph 7.78). The panel could also have a representative from an employing organisation in order to enable employers to be assured that the trainees they employ are robustly assessed and are safe to deliver care in their specialty.

- 7.52** Where it is likely or even possible that a trainee could have an outcome indicating insufficient progress which will require an extension to the indicative time for completion of the training programme, the Training Programme Director (or academic educational supervisor) should notify the Deanery in order to ensure that the Postgraduate Dean or designated deputy make arrangements for a senior Deanery representative to attend the panel.
- 7.53** If either the lay member or the external trainer has concerns about the outcomes from the panel, these will be raised with the Postgraduate Dean for further consideration. The Dean may decide to establish a different panel to consider further the evidence that has been presented and the outcomes recommended.
- 7.54** Where an outcome panel is being held for an individual undertaking an Academic Clinical Fellowship or Lectureship or as a Clinician Scientist, the panel should also include 2 academic representatives, one from the specialty and one outside the specialty. These panel members should specifically take a view about the evidence of academic progress which is submitted.
- 7.55** All members of the panel (including the lay member and those acting as external members) must be trained in equality and diversity issues. This training should be kept-up-to date and should normally be refreshed every three years.
- 7.56** Consultant/GP supervisors should declare an interest if their own trainees are being considered by a panel of which they are a member and should withdraw temporarily from the process whilst their trainee is being considered.

### How the panel works

- 7.57** The full panel will be convened by the Deanery. The panel will normally be chaired by the chair of the Specialty Training Committee or one of the Training Programme Directors or Associate Deans/Directors. The external member of the panel need only attend as required to fulfil his/her responsibilities as outlined above and so may only be required towards the end of the process, especially in large specialties.
- 7.58** The process is not an assessment of the trainee in and of itself but it is *an assessment of the documented and submitted evidence* that is presented by the trainee. It has been compared to consideration of University examination

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results by an external panel and as such *the trainee should not normally attend the panel.*

- 7.59** For practical and administrative reasons, some Deaneries or specialties may wish to discuss other issues e.g. the trainee's views on their training, planning of future placements on the same occasion as the annual panel meets. However, the assessment of evidence and the judgement arising from the panel must be kept separate from these other issues. Trainees must *not* be present at the panel considering the outcomes except for the circumstances described in the next paragraph.
- 7.60** The exception to this is where the Training Programme Director, educational supervisor or academic educational supervisor has indicated that there *may* be an unsatisfactory outcome through the annual review process [Outcomes 2, 3 or 4 (see box)]. Under such circumstances the trainee will have been informed prior to the panel of the possible outcome and **must** meet with the panel but only *after* the panel has considered the evidence and made its judgement, based upon it.
- 7.61** The purpose of the trainee meeting with the panel *after* it has reached its decision is to discuss the recommendations for focused or additional remedial training if these are required. If the panel recommends focused training on the acquisition of specific competences (outcome 2) then the timescale for this should be agreed with the trainee.
- 7.62** If additional remedial training is required (outcome 3), the panel should indicate the intended outcome and proposed timescale. The details of *how* a remedial programme will be delivered will be determined by the TPD and the Postgraduate Dean. The remedial programme will be planned taking into account the needs of other trainees in the specialty and must be within the limits of patient safety.
- 7.63** This additional training must be agreed with the trainee, and with the training site/employer and new trainers who will be providing it. Full information about the circumstances leading to the additional training requirement must be transmitted by the Deanery to the training site/employer, including any areas of weakness and any negative reports. The information transmission will be shared with the trainee but agreement to it being shared with the new employer and trainers is a requisite of joining the training programme.
- 7.64** The panel should systematically consider the evidence as presented for each trainee against the specialty curriculum assessment framework and make a judgement based upon it so that one of the outcomes is agreed.
- 7.65** Details of placements, training modules etc. completed must be recorded on the ARCP form (Appendix 6), including where trainees continue to hold a training number but are out of the programme training, with the agreement of the Postgraduate Dean.

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- 7.66** At the annual review the provisional expected date for successful completion of specialty training which is set by the Postgraduate Dean's specialty training committee, should be reviewed, taking into account such factors as a change to or from flexible training; leave of absence from the programme to pursue research; career breaks in training, or delays in achieving the competences as set out in the specialty curriculum, for whatever reason. The expected date for the successful completion of training is important information, since it is required for planning subsequent recruitment into the specialty training programme and for keeping an overview of the available workforce in the specialty.

### Outcomes from the ARCP

- 7.67** The initial outcome from the ARCP may be provisional until quality management checks have been completed. The outcome recommended by the panel (Appendix 4) for *all* trainees will be made available by the Postgraduate Dean to the:
- a) Relevant College or Faculty.** These outcome documents are part of the minimum data set which will need to be sent to PMETB from the College or Faculty with the recommendation for award of the CCT. Trainees appointed to a programme intended to lead to the award of a CESR or CEGPR will also need to submit these documents as part of their training portfolio, with their application to PMETB
  - b) Training Programme Director (TPD).** The TPD will receive 3 copies of the outcome form.
    - i) One copy should be sent to the trainee's educational supervisor. This should be used to form the basis of the further educational appraisal and workplace based appraisal that the educational supervisor undertakes on behalf of the employing organisation. It is the educational supervisor's responsibility to raise any areas of concerns about the trainee's performance as documented by the annual review with the medical director as part of the workplace based appraisal process. If the review has been undertaken shortly before rotation to a new placement has occurred the documentation should be forwarded by the TPD to the medical director where the trainee is due to start.
    - ii) The second copy should be given to the trainee who must sign it and return it to the Deanery within **ten** working days. The trainee should retain a copy of the signed form in their portfolio. The Deanery will retain the signed copy in the trainee's file. Where electronic systems for assessment/annual reviews are used, digital signatures will be acceptable.

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iii) The third copy will be retained by the TPD. The TPD (with or without the trainee's educational supervisor) should arrange to meet with the trainee to **discuss the outcome** and to **plan** the next part of their training where this is required (paras 7.113 – 7.116) and document the plan fully.

**c) Medical Director** One copy should be sent to the Medical Director of the employer.

- 7.68** Each trainee will need to complete Form R, Registering for Postgraduate Training, annually. This holds the up-to-date demographic data on the trainee. The return of Form R annually to the Deanery plus the signed annual outcome will enable the trainee to renew their registration as a run-through trainee on an annual basis with the Deanery and the relevant College.
- 7.69** Any concerns which emerge about a trainee's Fitness to Practise must be reported to the Postgraduate Dean for further advice and guidance.
- 7.70** The panel will recommend one of the following outcomes for each trainee, including those on integrated clinical/academic programmes: (Outcomes 1 -9 as set out overleaf)



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## Annual Review of Competence Progress (ARCP) Outcomes

### **Outcome 1: Satisfactory Progress - Achieving progress and the development of competences at the expected rate**

Satisfactory progress is defined as achieving the competences within the specialty curriculum approved by PMETB at the rate required. The rate of progress should be defined within the specialty curriculum e.g. with respect to assessments, experiential opportunities, exams, etc.

**Unsatisfactory or insufficient evidence – trainee required to meet with the panel (Outcomes 2, 3, 4)**

### **Outcome 2: Development of specific competences required – additional training time not required**

The trainee's progress has been acceptable overall but there are some competences which have not been fully achieved and need to be further developed. It is not expected that the rate of overall progress will be delayed or that the prospective date for completion of training will need to be extended or that a period of additional remedial training will be required.

Where such an outcome is anticipated, the trainee should appear before the panel. The panel will need to specifically identify in writing the further development which is required. The documentation will be returned to the TPD and educational supervisor, who will make clear to the trainee and the employer/s what must be done to achieve the required competences and the assessment strategy for these. At the next annual assessment of outcome it will be essential to identify and document that these competences have been met.

### **Outcome 3: Inadequate progress by the trainee – additional training time required**

The panel has identified that a formal additional period of training is required which will extend the duration of the training programme (e.g. the anticipated CCT or CESR/CEGPR date). Where such an outcome is anticipated, the trainee must attend the panel. The trainee, educational supervisor and employer will need to receive clear recommendations from the panel about what additional training is required and the circumstances under which it should be delivered (e.g. concerning the level of supervision). It will, however, be a matter for the Deanery to determine the details of the additional training within the context of the panel's recommendations, since this will depend on local circumstances and resources. Where such additional training is required because of concerns over progress, the overall duration of the extension to training should normally be for a maximum of one year, unless exceptionally, this is extended at the discretion of the postgraduate dean, but with an absolute maximum of two years additional training during the total duration of the training programme. The extension does not have to be taken as a block of 1 year, but can be divided over the course of the training programme as appropriate. The outcome panel should consider the outcome of the remedial programme as soon as practicable after its completion.



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### **Outcome 4: Released from training programme with or without specified competences**

The panel will recommend that the trainee is released from the training programme if there is still insufficient and sustained lack of progress, despite having had additional training to address concerns over progress. The panel should ensure that any relevant competences which have been achieved by the trainee are documented. The trainee will be required to give up their National Training Number, but may wish to seek further advice from the Postgraduate Dean or their current employer about future career options, including pursuing a non-training but service-focused career pathway”.

### **Outcome 5: Incomplete evidence presented – additional training time may be required**

The panel can make no statement about progress or otherwise since the trainee has supplied either no information or incomplete information to the panel. If this occurs, on the face of it, the trainee may require additional time to complete their training programme. The additional time begins from the date the panel should have considered the trainee. The trainee will have to supply the panel with a written account within five working days as to why the documentation has not been made available to the panel. The panel does not have to accept the explanation given by the trainee and can require the trainee to submit the required documentation by a designate date, noting that available “additional” time is being used (see 1 above) in the interim. If the panel accepts the explanation offered by the trainee accounting for the delay in submitting their documentation to the panel, it can choose to recommend that additional time has not been used. Once the required documentation has been received, the panel should consider it (the panel does not have to meet with the trainee if it chooses not to and the review may be done “virtually” if practicable) and issue an assessment outcome.

### **Recommendation for completion of training**

### **Outcome 6: Gained all required competences - will be recommended as having completed the training programme and for award of a CCT or CESR/CEGPR**

The panel will need to consider the overall progress of the trainee and ensure that all the competences of the curriculum have been achieved prior to recommending the trainee for completion of the training programme to the relevant Royal College.

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### **Outcomes for trainees in FTSTAs, LATs, OOP, or undertaking “top-up” training within a training programme**

#### **Outcome 7: Fixed-term Specialty Trainee (FTSTAs) or LATs**

Trainees undertaking FTSTAs will undertake regular in-work assessments and maintain documentary evidence of progress during their fixed term appointment. This evidence will be considered by the ARCP panel and should result in an FTSTA outcome which should document the competences achieved. The outcome should be sent to the trainee's educational supervisor for that year of training who should arrange a follow-up meeting even if the end of the appointment year has been reached. Where this is not possible, the educational supervisor should send a copy of the outcome to the trainee so that the trainee can retain a copy of the outcome in their portfolio. The Deanery will also keep a copy on record.

#### **Outcome 8: Out of programme for research, approved clinical training or a career break (OOPR/OOPT/OOPC)**

The panel should receive documentation from the trainee on the required form indicating what they are doing during their out of programme (OOP) time. If the trainee is out of programme on a PMETB prospectively approved training placement which will contribute to the competences of the trainee's programme, then an OOPT document as well as in-work assessments etc demonstrating the acquired competences should be made available to the panel in the usual way. If the purpose of the OOP is research the trainee must produce a research supervisor's report along with the OOPR indicating that appropriate progress in research is being made, in achievement of the registerable degree. Finally, if a doctor is undertaking a career break, a yearly OOPC requests should be sent to the panel, indicating that the trainee is still on a career break with their indicative intended date of return.

#### **Outcome 9: doctors undertaking top-up training in a training post**

Some doctors who have been recommended for top-up training by PMETB after submitting applications for consideration for entry to the Specialist Register through Articles 11 and 14 may do so by being appointed competitively to approved specialty training programmes for a limited period of time, where there is the opportunity for such competitions to take place (e.g. where a gap appears in a programme). Where this is the case, the doctor should submit the appropriate in-work-assessments and documentation to the annual assessment outcome so that the panel can make a recommendation, based on the evidence, as to whether the objectives set by PMETB have been achieved.

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### Additional or remedial training

- 7.71** Whilst the review panel must recommend the outcome for an individual trainee on the basis of the submitted evidence it must also take into account any mitigating factors on the trainee's part such as ill health or domestic circumstances [e.g. maternity leave] during which time the training time with respect to progress is suspended. It should also consider aspects within the training environment such as changing circumstances or the supervision available in determining its specific recommendations with respect to the additional time which may be required. Whilst these factors should be taken into account in planning future training for the individual trainee, they in and of themselves should not change the outcome arrived at based on the available evidence received by the panel.
- 7.72** The panel may identify the need for additional training time (Outcome 3 or Outcome 5) which extends the indicative date for completion of the training programme for a trainee, or remedial training may be required as a result of a recommendation from the GMC or other body, e.g. NCAS. Such remedial training must take place within recognised training posts. This has important implications overall for the use of training and educational resources, since it means that an individual trainee with delayed progress requires more of the training resource than other trainees at the same level of training. The opportunity costs for other trainees in the programme and critically, for those who want to gain entry into the specialty are considerable.
- 7.73** However, because it is recognised that trainees may gain competences at different rates for a number of reasons, trainees will be able to have additional aggregated training time of normally of up to **one year** within the total duration of the training programme in the hospital specialties and normally up to **six months** in general practice because of the short duration of the training programme, unless exceptionally, this is extended at the discretion of the Postgraduate Dean, but with an absolute maximum of two year additional training during the total duration of the training programme. This does not include additional time which might be required because of statutory leave such as ill health or maternity leave. Assuming that the trainee complies with the additional programme that has been planned, this enables reasonable time for the trainee, but does not unduly disadvantage other trainees who may be attempting to gain admission into run-through training in the specialty. If the trainee fails to comply with the planned additional training, he/she may be asked to leave it and the training programme before the additional training has been completed.
- 7.74** When remedial training is required, the Postgraduate Dean will establish a specific educational agreement with the receiving healthcare organisation, which will cover all aspects of the placements, including detailing the training required, clinical limitations on practice and any measures in place from the regulator. This will ensure that the trainee receives the training that has been identified, as well as assuming patient safety during the process.

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- 7.75** To enable the effective delivery of such additional training, information will need to be made available to the receiving Deanery. Where the trainee refuses to allow this information to be shared in the interests of patient safety the offer of remedial training will be withdrawn. Trainees will be provided with a copy of any such information and retain the right to challenge its accuracy.
- 7.76** In most cases remedial or additional training will resolve the issue and the trainee in question will return to the specialty training programme. In certain circumstances following additional training, it is possible that the trainee still does not meet the standards required, either of the specialty or of medicine in general. Such an outcome must be based on substantial documented evidence.
- 7.77** The outcome of any additional or remedial training will be reviewed by the annual review panel for the specialty which may seek to take further and external advice from other senior clinicians in the specialty. It will decide if the outcome of the additional training allows the trainee to return to their specialty training programme, requires further additional training, or if they have not or even cannot meet the standards required. The latter case will lead to the recommendation that the trainee leaves the programme. The trainee will be provided with documentary evidence of the competences that they have achieved. Following such a recommendation, the Postgraduate Dean will advise the trainee that their NTN has been withdrawn. The Postgraduate Dean will also notify the employer that the individual is no longer in specialty training and that following statutory guidance, their contract of employment be withdrawn.

### Quality Assurance of ARCPs

- 7.78** Since decisions from the panel have important implications for both the public and for individual trainees there should also be external scrutiny of its decisions from two sources:
- a lay member to ensure consistent, transparent and robust decision-making on behalf of both the public and trainees who should review at least a random 10% of the outcomes and evidence supporting these and any recommendations from the panel about concerns over progress. Lay members will be appointed from a list compiled by the Postgraduate Dean usually with the help of employing authorities. A lay member may be specifically appointed by the Deanery or may be an executive or non-executive member of an employing organisation board or other senior non-medical member of management. Lay participants will need to receive appropriate training to undertake this work
  - an external trainer from within the specialty but from outside the specialty training programme or school, who should review at least 10% of the outcomes and any recommendations from the panel about concerns over progress. Deaneries may set up reciprocal arrangements to facilitate this where there is only one training programme in a specialty within a Deanery. Deaneries should work

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with the relevant Royal College to help identify senior members of the profession to support this work.

### The role of the Postgraduate Dean in the ARCP

- 7.79** The Postgraduate Dean has responsibility for a range of managerial and operational issues with respect to postgraduate medical training. Amongst these is the management of the annual review process, including the provisions for further review and appeals (see below). The process is carried out by a panel under the aegis of the Deanery Specialty Training Committee (STC) or specialty school. Good practice is for the panel to take advice from the local College or Faculty specialty adviser where appropriate. With the collective agreement of the Conference of Postgraduate Medical Deans (COPMeD) for smaller specialties the annual review process may be coordinated nationally although it must remain the overall responsibility of a designated dean (usually the Lead Dean for the specialty).
- 7.80** The Postgraduate Dean should maintain a *training record folder* for each trainee in which completed review outcome forms are stored. For security purposes a photograph of the trainee should be attached to this folder. The folder, previous outcome forms and supporting documentation must be available to the panel whenever the trainee is reviewed. The Postgraduate Dean's staff will provide administrative support for the panel. In time, this information may be stored electronically by the Deanery.
- 7.81** On entry to the training programme the Postgraduate Dean will:
- send a copy of Form R to the trainee along with the appropriate letter outlining the *Conditions of taking up a training Post* (Appendix 2), reminding them of their professional obligations, including active participation in the assessment and review process. The return of the completed Form R and letter registers the trainee with the Postgraduate Dean
  - forward a copy of the trainee's Form R to the relevant Royal College/Faculty which serves to inform the College/Faculty that the trainee has been registered for postgraduate training
  - place a further copy in the trainee's Deanery folder to enable the dean's database to be updated. In the future PMETB may require an annual summary of this data.
- 7.82** .At the end of each annual review process the Postgraduate Dean will:
- forward **three** copies of the outcome document to the trainee's Training Programme Director (TPD)/GP trainer (see para 7.67)
  - forward a copy of the completed outcome document to the relevant Royal College/Faculty. This will form part of the minimum data set to be submitted to PMETB for those trainees training in a programme leading to a CCT
  - place a copy in the trainee's Deanery folder.

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- Send a copy to the Medical Director of the employer

- 7.83** Where concerns about a trainee have been raised with the Postgraduate Dean – either following an outcome from the annual review process or through some other mechanism - the Postgraduate Dean (or named deputy) should liaise directly with the Medical Director and the educational lead (e.g. Clinical Tutor or Director of Medical Education) or the GP trainer and course organiser where the trainee is employed/working to investigate and consider whether further action is required.

### What is required of the Training Programme Director (TPD)?

- 7.84** The TPD is responsible for ensuring that the trainee and his/her current educational supervisor receive a copy of the annual outcome document within ten working days after they are received by the TPD.
- 7.85** If the outcome is **satisfactory** and is as anticipated then the TPD and/or educational supervisor should meet with the trainee to plan and document the next stage of training, unless this has already been agreed. If the trainee is due to rotate and change training units, this meeting could take place with the trainee's new educational supervisor.
- 7.86** If the outcome is **not satisfactory** then the TPD and educational supervisor should arrange to meet with the trainee. A meeting time should have already been agreed prior to the annual panel since the trainee, TPD and educational supervisor will have been aware of the possibility/likelihood of an adverse outcome from the panel.
- 7.87** The purpose of this meeting is to discuss the further action which is required as a result of the panel's recommendations. The TPD should arrange to have Deanery support staff present to document the agreed arrangements. A copy of the outcome documentation and the plan to support further action should be given to the trainee and should also be retained in the trainee's file at the Deanery. It is important to note that this meeting is not about the decision taken by the panel, but is about planning the required action which the panel has identified must be taken in order to address the areas of competence/experience that require attention.

### What is required of the trainee?

- 7.88** On appointment to a specialty training programme or to a FTSTA trainees must fully and accurately complete Form R and return it to the Deanery with a coloured passport size photograph. The return of Form R confirms that the trainee is signing up to the professional obligations of the programme and to the importance of the administrative arrangements underpinning training. Form R will need to be updated (if necessary) and signed on an annual basis

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to ensure that the trainee re-affirms his/her commitment to training and thereby remains registered for their training programme.

- 7.89** Trainees will also need to send to the Postgraduate Dean a signed copy of the *Conditions of taking up a training post* (Appendix 2) which reminds them of their professional responsibilities, including the need to participate actively in the assessment process. These obligations relate to professional and training requirements and do not form any part of the contract of employment.
- 7.90** Return of Form R signals that the doctor has registered with the Deanery for specialty training. It initiates the annual assessment outcome process; and triggers the allocation of a training number. All trainees will be required either to confirm the content of Form R or update it prior to their attendance at the annual review panel. In the interim, it is the responsibility of the trainee to inform the Postgraduate Dean of any changes to the information recorded. Trainees **must** ensure that the Deanery has an up-to-date email address at all times and is one which the trainee regularly checks. Accurate information is needed not only for the Deanery but also to support the requirements of the Royal Colleges/Faculties and the PMETB.

### The ARCP for trainees undertaking joint clinical and academic training programmes

- 7.91** Some doctors will undertake joint clinical and academic training programmes. Appointment to such programmes will involve allocation of a National Training Number [NTN (A)]. Trainees in such programmes will have to complete both the full training programme leading to a CCT or CESR/CEGPR and meet the requirements of the academic programme.
- 7.92** Individuals undertaking academic training must have an academic educational supervisor who will normally be different from the trainee's clinical educational supervisor.
- 7.93** The academic supervisor is responsible for drawing up an academic training programme with the trainee, and a realistic/achievable timetable with clear milestones for delivery. Training goals relating to generic academic competencies and specific academic goals appropriate to the trainee should be explicitly identified. These targets will be summarised within the overall personal development plan for the trainee, which should be agreed within a month of commencing work and annually thereafter.
- 7.94** On entry to the training grade, the academic supervisor should agree explicitly with the trainee the criteria for assessing their academic progress. This should be within the framework of a general statement about the standards expected of the trainee if they are to make satisfactory progress throughout the programme and should reflect the fixed time period of the combined programme. The educational supervisor and academic supervisor should be certain that clinical objectives are complementary to the academic



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objectives. Both supervisors and the trainee should be aware of the trainee's overall clinical and academic requirements.

### Recording academic and clinical progress – academic assessment

- 7.95** At the start of the academic placement, and annually thereafter, the academic trainee must meet with both their clinical and academic supervisors to agree objectives for the coming year. Regular meetings with the academic supervisor should take place through the year to review progress, and decisions taken should be agreed and documented for later presentation to the academic assessment panel.
- 7.96** An annual assessment of academic progress must be undertaken, and ideally should take place at least one month before the joint academic/clinical annual review panel convenes. Those present at this assessment should include the trainee and educational supervisor together with the director of the academic programme, and other members of the academic unit as appropriate.
- 7.97** The academic supervisor is required to complete the *Report on Academic Progress* form (Appendix 5), which needs to be agreed and signed by the trainee for submission to the annual panel. The form must include details of academic placements, academic training modules and other relevant academic experience, together with an assessment of the academic competences achieved.
- 7.98** The report and any supporting documentation should be submitted to the annual panel as part of the evidence received by it. The annual review panel for academic trainees, in addition to the membership described above (Para 7.51) should also include two academic representatives who have not been involved in the trainee's academic programme.
- 7.99** The trainee should *not* attend the panel unless there are concerns about either or both clinical or academic progress. Plans for academic trainees to meet with the panel should only be made if the Training Programme Director or the academic educational supervisor indicates that Outcomes 2, 3 or 4, for either clinical or academic components (or both), are a potential outcome from the panel.
- 7.100** Since the assessment process jointly assesses academic and clinical progress, the trainee must also submit evidence of clinical achievement.
- 7.101** The outcome of this joint process should be recorded using the outcome documentation as described above, which allows for both clinical and academic outcomes to be recorded. The academic report should be attached to the outcome document.



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### **The ARCP for trainees undertaking out of programme research (OOPR)**

- 7.102** Trainees who are undertaking full-time research as out of programme research must have their research programme agreed with their academic educational supervisor. This should form part of the documentation sent to the postgraduate dean requesting an OOPR.
- 7.103** The trainee must submit an OOPR return to the panel, along with a report from their research supervisor. All academic trainees who are on OOPR should have a formal assessment of academic progress as described above for joint clinical and academic programmes, with similar documentation presented as part of the process. The report must indicate whether appropriate progress in the research has taken place during the previous year and must also indicate that the planned date of completion of the research has not changed.
- 7.104** Both the trainee and the supervisor must remain aware that normally up to three years are agreed as time out of programme for research. If a request to exceed this is to be made, such a request must be made to the Postgraduate Dean at least one year prior to the extension commencing so that it can be considered by the joint clinical and academic review panel; the request must come from the research supervisor who must offer clear reasons for the extension request.
- 7.105** The panel should seek appropriate advice from academic colleagues if they are in doubt about whether a recommendation to extend the normal three years out of programme should be made.
- 7.106** The panel should issue an out of programme outcome, recommending continuation of the OOPR or its termination and the date for this.
- 7.107** The time in out of programme research is attributable to a CCT programme only if it has been prospectively approved as part of a PMETB prospectively approved programme of training. The purpose of documenting progress in research during OOPR is therefore both to assess progress towards meeting the approved training requirements and/or to ensure regular progress so that return to the clinical training programme is within the agreed timescale.

### **The ARCP for trainees in less than full-time training**

- 7.108** The annual review process for trainees in flexible training will take place at the same frequency as full-time trainees i.e. once per calendar year. The panel should take particular care to consider that progress has been appropriate and that the estimated time for completing the training programme is reviewed. It is helpful to express the part-time training undertaken by a trainee as a percentage of full-time training so that the calculation of the date for the end of training can be calculated based on the specific specialty curriculum requirements.

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### Annual planning

- 7.109** Once the outcome for a trainee is known, trainees must meet with their educational supervisor and/or TPD to plan the next phase of their training.
- 7.110** The plan for the trainee's next phase of training should be set within the context of the objectives that must be met during the next phase of training and must reflect the requirements of the relevant specialty curriculum.
- 7.111** The appraisal and planning meetings should be coordinated to ensure that the trainee's objectives and review outcomes drive the planning process, rather than the reverse.
- 7.112** Once the plan for the trainee's next phase of training has been agreed, this should be documented within the trainee's learning portfolio.

### Appeals of the Annual Review of Competence Progression outcomes

- 7.113** It should never come as a surprise to trainees that action through the annual review process is under consideration since any shortcomings should be identified and discussed with them as soon as it is apparent that they may have an effect on progress.
- 7.114** The review panel will meet with all trainees who are judged on the evidence submitted to:
  - require further progress on identified, specific competences (Outcome 2);
  - require additional training because of inadequate progress (Outcome 3); and
  - be required to leave the training programme before its completion (Outcome 4), with identified competences or an identified and specified level of training.
- 7.115** The purpose of this meeting is to plan the further action which is required to address issues of progress in relation to Outcomes 2 and 3 and to make clear to the trainee the competences with which a trainee who has an Outcome 4 will leave the programme.
- 7.116** However, a trainee has the right to request a review and in some circumstances, an appeal if one of these outcomes is recommended by the annual review panel.

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### Reviews and appeals

- 7.117** A review is a process where an individual or a group who originally made a decision return to it to reconsider whether it was appropriate. They must take into account the representations of the person asking for the review and any other relevant information, including additional relevant evidence, whether it formed part of the original considerations or has been freshly submitted.
- 7.118** An appeal is a procedure whereby the decision of one individual or a group is considered by another (different) individual or body. Again, an appeal can take into account both information available at the time the original decision was made, newly submitted information and the representations of the appellant. Those involved in an appeal must not have played a part in the original decision or the review.

### Review of Outcome 2

- 7.119** Outcome 2 usually involves closer than normal monitoring, supervision and feedback on progress to ensure that the specific competences which have been identified for further development are obtained, but does not require that the indicative date for completion of the training programme will change. The annual review panel will have explained to the trainee the evidential basis on which the decision was made and it will have been documented on the outcome form.
- 7.120** The trainee will have the opportunity to discuss this with the panel and to see all the documents on which the decision about the outcome was based. If the trainee disagrees with the decision they have a right to ask for it to be reconsidered. Requests for such reconsideration (review) must be made in writing to the chair of the annual review panel within ten working days of being notified of the panel's decision. The chair will then arrange a further interview for the trainee (as far as practicable with all the parties of the annual review panel) which should take place within fifteen working days of receipt of such a request from a trainee. Trainees may provide additional evidence at this stage.
- 7.121** The panel which is reviewing the Outcome 2 recommendation should have administrative support from the Deanery so that its proceedings can be documented. An account of the proceedings should be given to the trainee and also retained by the Deanery. A decision of the panel following such a review is final and there is normally no further appeal process.

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### Appealing the annual review of competence progression outcome: Outcome 3 and Outcome 4

- 7.122** Trainees will have the right of appeal if they receive an outcome which results in a recommendation for:
- an extension of the indicative time to complete the training programme (Outcome 3) or
  - the trainee to leave the training programme with identified competences that have been achieved, but without completion of the programme.
- 7.123** Such outcomes will usually be derived from the annual review panel, but may also be the result of the Training Programme Director having requested that the panel convene specifically to consider the progress of a trainee causing concern, despite informal attempts to address these through the appraisal process. This decision would normally be undertaken in consultation with the Postgraduate Dean.
- 7.124** Trainees will be asked to indicate at the annual review panel that they understand the panel's recommendation. Appeals should be made in writing to the Postgraduate Dean within ten working days of the trainee being notified of the panel's decision. The appeal procedure has two steps:

#### Step 1: Discussion

- 7.125** Step 1 provides the opportunity for discussion between trainees, regional advisers within the relevant College or Faculty and Training Programme Directors to resolve matters. The purpose of this stage is to reach a common understanding of a trainee's problems and to decide on the best course of action.
- 7.126** Where, following the Step 1 process, trainees accept that competences have not been achieved, thereby resulting in an extension to the planned training programme, an action plan should be developed, including identification of the criteria against which achievement of competences will be assessed. In addition, a revised indicative date for completion of training should be set. This should not normally be greater than an aggregated period of one year (normally 6 months in general practice) from the original indicative date of the end of training, except in *exceptional* circumstances agreed by the Postgraduate Dean when the maximum period of further training can be extended to two years. Extensions do not relate to individual outcomes year by year since a *total of one year across the whole of the training programme* (6 months in general practice) is normally the extent to which a trainee's completion date can be extended.

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### Step.2: Formal appeal hearing

- 7.127** If a trainee does not accept the outcome of Step 1, they should inform the Postgraduate Dean within ten working days of it. Postgraduate Deans will then arrange a formal, appeal hearing (Step 2) which should normally take place within fifteen working days of receipt of a request for an appeal where practicable. Members of the original annual review panel must *not* take part in the appeal process. Trainees may support their appeals with further written evidence. All documentation which will be considered by the appeal panel must be made available to the trainee.
- 7.128** If the annual review panel has recommended that the trainee should be withdrawn from the training programme, Postgraduate Deans should always assume that a Step 2 hearing will follow and take the necessary steps to arrange it. An appeal hearing in these circumstances should proceed unless the trainee formally withdraws, in writing, from the programme at this stage. The Postgraduate Dean should always confirm the position in writing with the trainee where the trainee declines an appeal hearing.
- 7.129** The Postgraduate Dean will convene an independent appeal panel to consider the evidence and to form a judgement. The hearing should be arranged as near to local level as possible. It should consider representations and evidence from both the trainee and from those who are closely involved with their training, such as the educational supervisor or Training Programme Director. The appeal panel should include the postgraduate dean or a nominated representative as chair, a College/Faculty representative from an adjacent region, two senior doctors from the same Deanery area as the trainee - at least one of whom should be from a different specialty - and a senior trainee from a different specialty. The membership of the panel should not include any of those involved in the discussions under Step 1 nor should it include any members of the original annual review panel. A representative from the personnel directorate of the employer or the Deanery must be present to advise the chair, for example, on equal opportunities matters and to record the proceedings of the appeal.
- 7.130** Trainees also have a right to be represented at the appeal, to address it and to submit written evidence beforehand. They may choose to be represented, for example, by a friend, colleague or a representative of their professional body but this should not normally be a legal representative or family member. However, if a trainee wishes to be represented by a lawyer, the appeal panel Chairman should normally agree to their request. Legal representatives should be reminded that appeal hearings are not courts of law and the panel governs its own procedure, including the questioning to be allowed of others by the legal representatives.
- 7.131** Where following the appeal process trainees accept that competences have not been achieved, thereby resulting in an extension to the planned training programme, an action plan should be developed, including identification of the criteria against which achievement of competences will be assessed. In addition, a revised indicative date for completion of training should be set.

## A Reference Guide for Postgraduate Specialty Training in the UK

This should not normally be greater than an aggregated period of one year (normally 6 months in general practice) from the original indicative date of the end of training, except in *exceptional* circumstances agreed by the Postgraduate Dean when the maximum period of further training can be extended to two years. Extensions do not relate to individual outcomes year by year since a *total of one year across the whole of the training programme* (6 months in general practice) is normally the extent to which a trainee's completion date can be extended.

- 7.132** Trainees should be notified in writing of the outcome of the appeal hearing. The appeal process described above is the final internal avenue of appeal.
- 7.133** Outcome documentation from the original annual review panel should not be signed off by Postgraduate Deans and forwarded to the parties indicated in para 7.67 until all review or appeal procedures have been completed.
- 7.134** The review or appeal panels may decide at any stage that Outcomes 2, 3 or 4 are not justified. If so, the facts of the case will be recorded and retained by Postgraduate Deans but the outcome should be amended to indicate only the agreed position following review or appeal. This revised documentation should be forwarded to those indicated in para 7.67.
- It may be that the outcome of appeals under Step 1 and 2 is to alter an earlier recommendation while still maintaining the view that progress has been unsatisfactory. For example, a decision to withdraw a trainee from a programme may be replaced by a requirement for an extension of training time in order to gain the required competences. In such cases, the outcome documentation should show only the position following the decision of the appeal panel
  - Where lack of progress may result in the extension or termination of a contract of employment, the employer should be kept informed of each step in the appeal process.

### **Review and appeals for those undertaking top-up training in a training placement**

- 7.135** The review and appeals processes set out above relate to doctors who hold National Training Numbers (NTNs).
- 7.136** Trainees who may be undertaking top-up training in a training post as part of a process to apply for entry to the Specialist or GP Registers do not hold NTNs - unless they have competed for and been appointed into a specialty training programme – in which case they will have been allocated a NTN.
- 7.137** The outcome documentation in this situation identifies the competences which have been achieved, e.g. the outcome for someone undertaking top-up

## A Reference Guide for Postgraduate Specialty Training in the UK

training may indicate that all the required competences, as set out by PMETB, have been achieved.

- 7.138** Trainees in such situations may however appeal if they are dissatisfied with the competences which have been identified, on the grounds that the in-work assessments were unfairly administered.
- 7.139** If either the discussion or formal appeal hearing upholds such a view, then the trainee will have the opportunity to be re-assessed in those specific areas through further workplace based assessments (WPBAs) arranged by the Postgraduate Dean, unless in the view of the appeal panel it would not be in the interest and/or safety of patients to do so. If this is the view of the panel, then there must be clear documentation of how this judgement has been reached. If the panel accepts that previous workplace based assessments were carried out unfairly, then the panel must identify the number and type of workplace based assessments that must be repeated.
- 7.140** Such re-assessments will *not* involve a period of further training for the trainee. The Postgraduate Dean will organise the assessment in one of two ways:
- by arranging for an external trainer to come into the unit where the trainee is training to undertake the workplace based assessments in the trainee's own environment
  - by arranging for the trainee to have leave from their top-up placement (usually no longer than two weeks) to undertake a clinical placement in a different training unit for the express purpose of the trainee being able to undertake the necessary work-place based assessments in that unit. The trainee will require a temporary educational supervisor in the receiving unit and attachment to an appropriate clinical unit. The placement can only take place with the express agreement of the medical director in the receiving unit. The educational supervisor should work out with the trainee a clear programme for undertaking the required workplace based assessments (WPBAs) in the time allocated.
- 7.141** If the repeat workplace based assessments provide evidence that the trainee has competences which were not identified in the original annual review, the documentation should be amended to reflect this.
- 7.142** Those trainers involved in undertaking the work-place based assessments which were deemed to be unfairly administered will need re-training before they can undertake further assessments.

### Appeal against a decision not to award a CCT/CESR/CEGPR

- 7.143** The award of the CCT/CESR/CEGPR is the responsibility of PMETB and therefore all appeals against decisions not to award such a certificate should be directed to PMETB.

## A Reference Guide for Postgraduate Specialty Training in the UK

### Appeal against removal of a Training Number

- 7.144** Following the appeal procedure, a decision which results in withdrawal from a training programme automatically involves the loss of the NTN. There is no further appeal against this.
- 7.145** Where Postgraduate Deans indicate their intention to remove trainees currently employed in specialty training (including those with honorary contracts) from the specialty training programme because of non-compliance with the arrangements under which they hold the NTN, the trainees have a right of appeal to a panel constituted as set out in the process above.
- 7.146** In some circumstances trainees will not be currently employed in the NHS or hold honorary contracts, e.g. working overseas or taking a break from employment. Where Postgraduate Deans, with advice from the Royal College or Faculty where appropriate, believe that the conditions under which such trainees hold the NTN have been breached, and that the NTN should be withdrawn, they will write to NTN holders using a recorded delivery or similar service to tell them of their provisional decision.
- 7.147** The NTN holder will then have 28 days in which to state in writing to the Postgraduate Dean their reasons why the NTN should not be withdrawn. Loss of the NTN in this way will mean that the place reserved in a training programme is no longer available to the trainee.

### Termination of a training contract

- 7.148** A trainee dismissed for misconduct will normally be deemed by the Postgraduate Dean to be unsuitable to continue with the specialty training programme. (Please refer to paragraph 6.38).
- 7.149** When a training contract is terminated by the Postgraduate Dean they must ensure:
- the trainee's NTN or deanery core training reference number is removed
  - current and future employers within the trainee's programme are notified.



### **C. Specialty specific guidance on the evidence base for ARCP**

**Separate document.**

#### **D. Specialty specific guidance on educational supervisors reports for ARCP**

**Separate document.**

## **E. Generic structured educational supervisor's report**

## Educational Supervisor's Structured Report

Submission to the Annual Review of Competence Progression panel by the trainee's current educational supervisor, summarising the trainee's learning Portfolio since the previous assessment.



### Trainee Details

Name		Programme	
NTN <sup>1</sup>		Deanery	
GMC Number		PMETB Ref	

### Educational Supervisor Details

Name		Position	
Specialty		GMC Number	

### Previous annual assessments

No	Date	Outcome
1		
2		
3		
4		
5		
6		
7		

### Previous placements in programme

	Training Unit	Clinical Supervisor	Date Start	Date End
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Current Placement				
Clinical Supervisor				
Dates of placement	Start		End	

<sup>1</sup> If Applicable

### Workplace based assessments (WPBAs) in current placement/s

Assessment	?	No	Outcomes	Summary of Comments
Mini CEX				
DOPs				
CbD				
MSF (360°, PAT)				
PBA / OSATS				
Other				

### Experiential outcomes

Activity	Dates	Outcomes <sup>2</sup>	Comment
Log Book			
Audits			
Research			
Publications			
Teaching			
Management Dev			
Presentations			
Courses			

### Other outcomes

Activity	Dates	Outcomes <sup>3</sup>	Comment
Adverse Incidents			
Complaints			
Other			

Please check here if additional (specialty specific) documentation is appended and specify below.

I confirm that this is an accurate description/summary of this trainee's learning portfolio, covering the time period

From : \_\_\_\_\_ To \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Educational supervisor

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Trainee

<sup>2</sup> Achieved / not achieved / completed / not completed / in progress / relevant

<sup>3</sup> Resolved / pending / no case / accountable

## **F. Specialty specific decision guides for ARCP**

**Separate document.**

## **G. Proforma for recording ARCP outcomes**

## Annual Review of Competence Progression (ARCP) Outcomes

Deanery		PMETB Prog Ref No	
Trainee name		Specialty	
Trainee NTN		Trainee GMC No	

### Panel Members

Chair		Ext	
Lay		1	
2		3	
4		5	

### Training Under Review

Date of Assessment		Year/Phase of Training (circle)	1 2 3 4 5 6 7 8 or Other :
Period Reviewed	From		To

### Placements / other training during period under review

No	Specialty	Location	Start	End	In/Out	FT/LTFT %
1						
2						
3						
4						

### Documentation Taken into account and known to trainee

1	Educational Supervisor's report	<input type="checkbox"/>	2	Curriculum Vitae	<input type="checkbox"/>
3		<input type="checkbox"/>	4		<input type="checkbox"/>
5		<input type="checkbox"/>	6		<input type="checkbox"/>

### Notes

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## Recommended Outcomes from Review Panel

Satisfactory Progress		
1	Achieving progress and competences at the expected rate (clinical)	
1	Achieving progress and competences at the expected rate (academic)	
Unsatisfactory or insufficient evidence (trainee must meet with panel)		
2	Development of specific competences required – additional training time not required	
3	Inadequate progress by the trainee – additional training time required	
4	Released from training programme with or without specified competences	
4	Released from academic programme	
5	Incomplete evidence presented – additional training time may be required	
Recommendation for completion of training		
6	Gained all required competences (clinical)	
6	Gained all required competences (academic)	
Outcomes for trainees out of programme or not in run-through training		
7	Fixed-term specialty outcome – competences achieved identified above	
8	Out of programme experience for approved clinical experience, research or career break	
9	Top-up training (outcome should be indicated in one of the areas above)	

If outcome 2 – 5 is agreed, trainee MUST meet with panel.

Supplementary form detailing reasons for outcome, discussion with trainee, and planned actions MUST be completed.

## Signatures

Chair		Trainee	
Date		Next Review date	

These documents should be forwarded in triplicate to the trainee's Training Programme Director (who must ensure that the trainee receives a copy through the further appraisal and planning process). Copies must also be sent to the Medical Director where the trainee works, as well as to the College or Faculty if the trainee is on a CCT programme.

Outcome data entered on Pinnacle Database :	By		Date	
---	----	--	------	--

**Annual Review of Competence Progression (ARCP) Outcomes  
Supplementary Documentation for Trainees with Unsatisfactory  
Outcome (Trainee MUST be in attendance)**

Deanery		PMETB Prog Ref No	
Trainee name		Specialty	
Trainee NTN		Trainee GMC No	
Review date			

Recommended Outcome (circle)	2   3   4   5
------------------------------	---------------

Placements / other training to which this outcome relates						
No	Specialty	Location	Start	End	In/Out	FT/LTFT %
1						
2						
3						
4						

**Detailed Reasons for Recommended Outcome**

1	
2	
3	
4	

**Discussion with trainee**

Mitigating circumstances
Competences which need to be developed

<b>Recommended actions</b>
<b>Recommended additional training time (if required)</b>

**Signatures**

<b>Chair</b>		<b>Trainee</b>	
<b>Date</b>		<b>Next Review date</b>	

These documents should be forwarded in triplicate to the trainee's Training Programme Director (who must ensure that the trainee receives a copy through the further appraisal and planning process). Copies must also be sent to the Medical Director where the trainee works, as well as to the College or Faculty if the trainee is on a CCT programme.

## Annual Review of Competence Progression (ARCP) Outcomes Report on Academic Progress

Deanery		PMETB Prog Ref No	
Trainee name		Specialty	
Trainee NTN		Trainee GMC No	

### Panel Members

Chair		Ext	
Lay		Acad	
1		2	
3		4	

### Training Under Review

Date of Assessment		Year/Phase of Training (circle)	1 2 3 4 5 6 7 8 or Other :
Period Reviewed	From		To

### Placements / other training / experience during period under review

No	Specialty	Location	Start	End	In/Out	FT/LTFT %
1						
2						
3						
4						
5						

### Documentation Taken into account and known to trainee

1	Academic Supervisor's report	<input type="checkbox"/>	2	Curriculum Vitae	<input type="checkbox"/>
3		<input type="checkbox"/>	4		<input type="checkbox"/>
5		<input type="checkbox"/>	6		<input type="checkbox"/>

### Academic competencies gained during period of review (full details of programme should be attached)

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Significant Academic outputs during period of review	
1	
2	
3	
4	
5	

#### Notes

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#### Recommended Outcomes from Review Panel

Satisfactory Progress		
1	Achieving progress and competences at the expected rate (clinical)	
1	Achieving progress and competences at the expected rate (academic)	
Unsatisfactory or insufficient evidence (trainee must meet with panel)		
2	Development of specific competences required – additional training time not required	
3	Inadequate progress by the trainee – additional training time required	
4	Released from training programme with or without specified competences	
4	Released from academic programme	
5	Incomplete evidence presented – additional training time may be required	
Recommendation for completion of training		
6	Gained all required competences (clinical)	
6	Gained all required competences (academic)	
Outcomes for trainees out of programme or not in run-through training		
7	Fixed-term specialty outcome – competences achieved identified above	
8	Out of programme experience for approved clinical experience, research or career break	
9	Top-up training (outcome should be indicated in one of the areas above)	

If outcome 2 – 5 is agreed, trainee MUST meet with panel.

Supplementary form detailing reasons for outcome, discussion with trainee, and planned actions MUST be completed.

#### Signatures

Chair		Trainee	
Date		Next Review date	

Outcome data entered on Pinnacle Database :	By		Date	
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## **H. ARCP – summary guide for trainers**

# ARCP : A brief guide for Trainers

Based upon : A reference guide for postgraduate specialty training in the UK, 2009.

The Annual Review of Competence Progression (ARCP) provides a formal process which uses the evidence gathered by the trainee, relating to his/her progress in the training programme. It should normally be undertaken on at least an annual basis for all trainees undertaking specialty training and will enable the Trainee, the Deanery, medical Royal Colleges and Employers to document that the competences required are being achieved at an appropriate rate and through appropriate experience.

## Panel Objectives

The panel has two main objectives:

1. To consider and approve the adequacy of the evidence and documentation provided by the trainee which at a minimum must consist of a review of the trainee's portfolio through a structured report from the educational supervisor, documenting assessments (as required by the specialty curriculum) and achievements. The panel should provide comment and feedback where applicable on the quality of the structured educational supervisor's report or the assessor's documentation.
2. Provided that adequate documentation has been presented, to make a judgement about the trainee's suitability to progress to the next stage of training or to confirm training has been satisfactorily completed.

## Panel Composition

The panel should consist of at least **three** members appointed by the training committee or equivalent group of which one must be either the Postgraduate Dean (or deputy) or a Training Programme Director (TPD). The following are all appropriate panel members:

- The Chair of the Specialty Training Committee (STC)
- Training Programme Director(s)
- College/Faculty representatives (e.g. from the specialty/SAC)
- Educational Supervisors
- University Representatives (if appropriate)
- Associate Deans/Directors (if appropriate)
- Specialty Training Officer for administration (if appropriate)

All members of the panel **must** have been trained in equality and diversity within the last three years and should normally have completed an appropriate Training the Trainers Course (e.g. SCOTS). Supervisors should declare an interest and withdraw if their own trainees are being considered.

## External Representation

The panel should have input from a lay member and external trainer who should review a random 10% of the outcomes and the evidence supporting these and any recommendations from the panel.

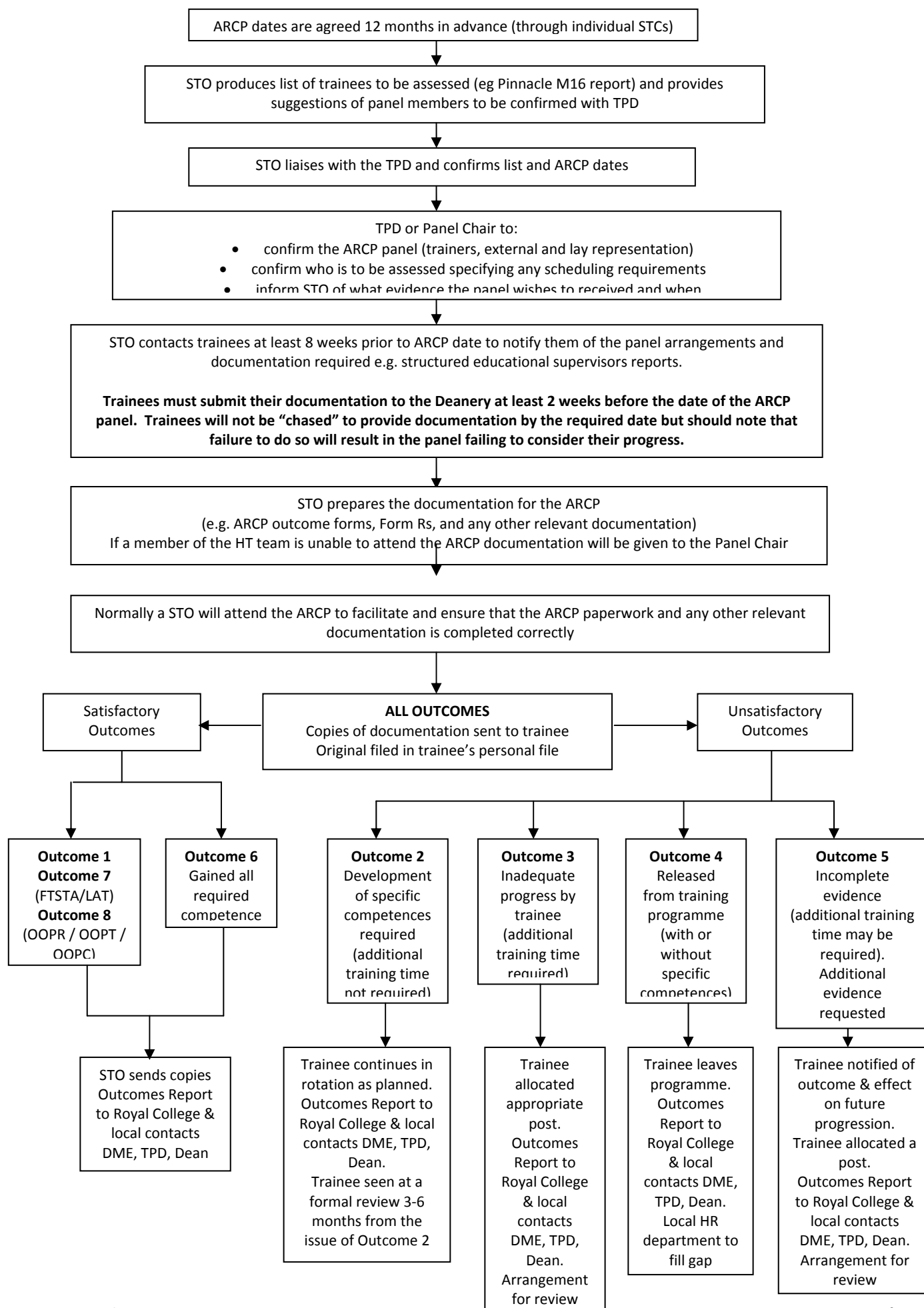
Where it is likely or possible that a trainee could have an outcome indicating insufficient progress which will require an extension to the indicative time for completion of the training programme, the Training Programme Director should notify the Deanery to ensure that a senior Deanery representative can attend the panel.

## Who is assessed?

- All specialty trainees (including those in core training, less than full-time training and general practice trainees)
- Trainees who are on combined academic/clinical programmes (e.g. SCREDS)
- Trainees who are out of programme with the agreement of the Postgraduate Dean
- Trainees in Fixed Term Specialty Training Appointments (FTSTAs)
- Trainees in Locum Appointments for Training (LATs)
- Trainees who are appointed through the MTI and IPTS schemes

Trainees who continue in SpR programmes will be subject to the Record of In Training Assessment (RITA) process.

## The ARCP Process





## **ARCP Outcomes**

Please note that for practical administrative reasons, some Deaneries or specialties may wish to discuss other issues e.g. views on training, planning of future placements on the same occasion as the annual ARCP panel meets. However the assessments of evidence and the judgement arising from the panel *must* be kept separate from these other issues.

### **Outcome 1 – Satisfactory Progress – Achieving progress and the development of competences at the expected rate**

Satisfactory progress is defined as achieving the competences with the approved specialty curriculum at the rate required. The rate of progress should be defined within the specialty curriculum e.g. with respect to assessments, experiential opportunities, exam etc.

### **Outcome 2 – Development of specific competences required – additional training time not required**

The trainee's progress has been acceptable overall but there are some competences which have not been fully achieved and need to be further developed. It is not expected that the rate of overall progress will be delayed or that the prospective date for completion of training will need to be extended or that a period of additional remedial training will be required. The panel need to specifically identify in writing the further development which is required. At the next ARCP it will be essential to identify and document that these competences have been met.

### **Outcome 3 – Inadequate progress by the trainee – additional training time required**

Formal additional training time is required which will extend the duration of the training programme (e.g. the expected CCT date). Clear documented recommendations will be required from the panel about what additional training is required and the level of supervision. It will be for the Deanery to determine the details of the additional training within the context of the panel's recommendations. The extension to training should normally be for a maximum of one year. At the next ARCP it will be essential to identify and document that these competences have been met.

### **Outcome 4 – Released from training programme – with or without specified competences**

Follows an Outcome 3. The panel will recommend that the trainee is released from the training programme if there is still insufficient and sustained lack of progress, despite having had additional training to address concerns over progress. The panel should ensure that any relevant competences which have been achieved are documented. The trainee will be required to give up their National Training Number.

### **Outcome 5 – Incomplete evidence presented – additional training time may be required**

The panel can make no statement about progress or otherwise since the trainee has supplied either no information or incomplete information to the panel. The trainee will have to supply the panel with a written account within five working days as to why the documentation has not been made available. The panel can require the trainee to submit the required documentation by a designated date. Once the required documentation has been received the panel should consider it (the panel does not have to meet the trainee if it chooses not to and the review may be done 'virtually' if practicable) and issue an assessment outcome.

### **Outcome 6 – Gained all required competences – will be recommended as having completed the training programme and for award of a CCT or CESR/CEGPR**

The panel need to consider the overall progress of the trainee and ensure that all the competences of the curriculum have been achieved prior to recommending the trainee for completion of the training programme to the relevant Royal College.

### **Outcome 7 – Fixed-term Specialty Trainee (FTSTAs) or LATs**

Trainees undertaking FTSTA/LATs will undertake regular in-work assessments and maintain documentary evidence of progress during their fixed-term appointment.

### **Outcome 8 – Out of Programme for research, approved clinical training or a career break (OOPR/OOPT/OOPC)**

The panel should receive documentation from the trainee indicating what they are doing during their out of programme (OOP) time. If the trainee is out of programme on a PMETB prospectively approved training placement which will contribute to the competences of the trainee's programmes, then documentation demonstrating the acquired competences should be made available to the panel. If the purpose of the OOP is research then the trainee must produce a research supervisors report along with achievement of the registerable degree. If the trainee is undertaking a career break, a yearly OOPC request should be sent to the panel, indicating that the trainee is still on a career break with their indicative intended date of return.

### **Outcome 9 – Outcome for doctors undertaking top-up training in a training post**

Applicable to doctors who have been recommended for top-up training following applications for consideration for entry to the Specialty Register through Articles 11 and 14. Where this is the case, the doctor must submit the appropriate in-work assessments and documentation.

### **Maternity Leave**

Ideally such trainees should have their ARCP before they go on maternity leave and get everything signed off on a pro rata basis e.g. if they have been in work for 8 months since last their last ARCP they can be allocated an Outcome 1 if they have shown adequate progress and can demonstrate they have met 8/12 of assessments, curriculum etc.

Trainees **must not** be required to attend an ARCP whilst they are maternity leave but may be invited.

### **Appeals**

Trainees have the right of appeals if they receive an outcome which results in a recommendation for:

- An extension of the indicative time to complete the training programme (Outcome 3)
- The trainee to leave the training programme with identified competences that have been achieved, but without completion of the programme (Outcome 4)

Such outcomes will usually be derived from the annual review panel, but may also be the result of the Training Programme Director having requested that the panel convene specifically to consider the progress of a trainee causing concern, despite informal attempts to address these through the appraisal process. The decision would always be undertaken in consultation with the Postgraduate Dean.

Trainees will be asked to indicate at the annual review panel that they understand the panel's recommendation. Appeals should be made in writing to the Postgraduate Dean within ten working days of the trainee being notified of the panel's decision. The appeals procedure has two steps:

1. Discussion
2. Formal appeal hearing

Further information and details on the appeals process is available from the Gold Guide via the NES website: <http://www.nes.scot.nhs.uk/medicine/policies/>

## **I. ARCP – summary guide for trainees**

# ARCP : A brief guide for Trainees

Based upon : A reference guide for postgraduate specialty training in the UK, 2009.

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## What is the purpose of an ARCP?

- The Annual Review of Competence Progression (ARCP) is a formal deanery process which uses the evidence gathered by you to assess your ability to complete training or to progress to the next level of the training programme
- Provides an effective mechanism for recording the evidence of your progress within the training programme or in a recognised training post (fixed term specialty appointment or a locum appointment for training)
- Provides a means to document and record the evidence and outcomes of formal assessments which are part of the assessment programme and to provide a coherent record of a trainee's progress
- Provided adequate documentation has been presented, to allow a judgement about the competences acquired by you and your suitability to progress to the next stage of training and to document that the competences required are being gained at an appropriate rate and through appropriate experience.
- It follows on from the appraisal and assessment processes and bases its recommendations on the evidence that has been gathered during the period between ARCP reviews
- The ARCP should normally be undertaken on an annual basis (around May – July) for all trainees undertaking specialty training.

## Does the ARCP apply to me?

Yes - if you are:

- Specialty Training trainee (including general practice and those in part-time training) whose performance through a run-through specialty training programme must be assessed to demonstrate progression
- Core trainee whose performance through the programme must be assessed to demonstrate progression
- Trainee in a Fixed Term Specialty Training appointment (FTSTAs)
- Trainee in a Locum Appointment for Training (LATs)
- Trainee who is on combined academic/clinical programmes, e.g. SCREDS and Chief Scientist Office (CSO) appointments
- Out of Programme with the agreement of the Postgraduate Dean
- Trainees who are appointed through the MTI and IPTS schemes

No - if you are:

- An existing SpR who has continued in your existing programme. You will be subject to the Record of In-Training Assessment (RITA) process unless you have switched to the new curriculum for your specialty.
- A locum appointment for service (LAS).

## What do I need to do?

A minimum of eight weeks prior to the date of the ARCP panel you will be informed of the following:

- The date the panel will meet
- The evidence required by the panel to assess your progression
- The date by which this evidence must be submitted (Two weeks before the ARCP date)
- Examples of evidence include competency based assessments, the Educational Supervisors Structured Report, your portfolio/logbook, examination results, audit reports, certificate of completion of the PMETB/GMC survey etc
- You must ensure that the documentary evidence which is submitted for consideration is complete
- **You will not be 'chased' to provide the documentation by the required date but should be aware that failure to do so will result in the panel failing to consider your progress**
- If you are unable to provide this evidence the panel will not be able to consider your progress and therefore no decision will be taken. This will result in an Incomplete Outcome (Outcome 5) and you will be required to explain to the panel and Deanery in writing the reasons for the deficiencies in documentation
- If you are concerned about your ARCP please contact your local Deanery or your Training Programme Director who will be able to provide you with advice and support

## Will I be required to attend the ARCP and panel meeting?

- This will depend upon the specialty, level of training you are in. However, the assessment by the panel of your submitted evidence, and their decision on the outcome will always be made in your absence.
- For practical administrative reasons, some Deaneries or specialties may wish to discuss other issues e.g. your views on your training, planning of future placements on the same occasion as the annual panel meets. However the assessments of evidence and the judgement arising from the panel will be kept separate from these other issues
- If you are required to attend the ARCP you will be notified well in advance of the date, time and venue
- If it is anticipated that you will receive an outcome other than Outcome 1 you will be informed in advance of this possible outcome and asked to meet with the panel after the panel has considered the evidence and made its judgement, based upon it
- The ARCP panel is made up of at least three consultants in the specialty. In addition Deanery, External specialist and lay Representatives may also be present

### What are the possible outcomes from the ARCP?

Outcome 1	<b>Satisfactory Progress</b> You are achieving progress and the development of competences at the expected rate as defined within your specialty curriculum e.g. with respect to assessments, experiential opportunities, exam etc.
Outcome 2	<b>Development of specific competences required</b> Your progress has been acceptable overall but there are some competences which have not been fully achieved and need to be further developed. It is not expected that this will delay your overall progress in your training programme.
Outcome 3	<b>Inadequate progress by the trainee</b> You have not made adequate progress and you will require formal additional training time which will extend the duration of your training programme.
Outcome 4	<b>Released from training programme</b> You will be released from your training programme - despite already having had additional training time you have failed to make sufficient progress. You will be required to give up your NTN.
Outcome 5	<b>Incomplete evidence presented</b> You either did not provide the required evidence/documentation to the panel or the evidence provided was incomplete.
Outcome 6	<b>Gained all required competences</b> You will have completed your training programme and completed all competences and will be recommended for award of CCT or CESR/CEGPR
Outcome 7	<b>Fixed-term Specialty Trainee (FTSTAs) or LATs</b> If you are a FTSTA, LAT, or Core Trainee for a period of up to 1 year and have achieved the required competencies.
Outcome 8	<b>Out of Programme for research, approved clinical training or a career break</b> If you are currently out of programme and submitted the required evidence/documentation to the panel to consider.
Outcome 9	<b>Outcome for doctors undertaking top-up training in a training post</b> You must submit the appropriate in-work assessments and documentation

### Who is informed of these outcomes?

The outcome recommended by the panel will be made available by the Postgraduate Dean to:

- You – you must sign it and return it to the Deanery within **TEN** working days. You should keep a copy of the signed form in your portfolio. The Deanery will keep your signed copy in your file. This is only applicable if your Deanery or specialty has not asked you to attend a panel meeting.
- The Relevant College or Faculty
- The Training Programme Director – who will provide your educational supervisor with a copy and keep a copy for his/her own records. If concerns have been documented about your performance or conduct in this review your educational supervisor will share these concerns with the Medical Director of your current hospital and next hospital if you are due to rotate soon

Further information on the ARCP process can be found in The Gold Guide – A Reference Guide to Postgraduate Specialty Training in the UK. Please see <http://www.nes.scot.nhs.uk/medicine/policies/> for further information.

## **J. ARCP – summary guide for lay panel members**

# ARCP : A brief guide for lay panel members

Based upon : A reference guide for postgraduate specialty training in the UK, 2009.

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## What is an ARCP?

- The Annual Review of Competence Progression (ARCP) is a formal deanery process which uses evidence gathered by the trainee to assess their ability to complete training or to progress to the next level of the training programme, and document that the competences required are being gained at an appropriate rate and through appropriate experience
- All trainees are required to provide evidence of successful attainment of competencies for their particular stage of training in their chosen specialty which leads to an ARCP outcome decision by the panel
- The ARCP should normally be undertaken on an annual basis (around May – July) for all trainees undertaking specialty training
- It is a 2 stage process: evidence based decision making, followed by communication and sometimes discussion with the trainee

## Role of the Lay Member

- To ensure fair, consistent, transparent and robust decisions are made on behalf of both the public and trainees
- Review at least a random 10% of all outcomes and the evidence supporting these and to review any recommendations from the panel about concerns over process
- Any concerns about the process should be communicated to the Postgraduate Dean, who is ultimately accountable for the process

## ARCP Process at a Glance

- Panel discusses evidence submitted by the trainee
- Panel make a decision of the outcome (the trainee is **not** present)
- ARCP paperwork signed off by Trainee and the Chair
- All trainees with an unsatisfactory outcome must be seen by the panel (sometimes at a later date)
- For practical administrative reasons, some Deaneries or specialties may wish to discuss issues other than the ARCP outcome, on the same occasion as the annual panel meets. This may depend upon the specialty, level of training. Topics for discussion may include trainees' feedback on training or the planning of future placements and training. In these circumstances, the trainee may make a presentation to the panel (2-3 slides) followed by panel questions and discussion. However the assessments of evidence and the judgement arising from the panel will be kept separate from these other issues.
- Outcome sent to the relevant Royal College/Faculty
- Copy of outcome sent to the trainee for their portfolio

## Panel Composition

The panel consist of at least **three** members appointed by the specialty training committee or equivalent group. The following are all appropriate panel members:

- The Chair of the Specialty Training Committee (STC)
- Training Programme Director(s)
- Postgraduate Dean (or deputy)
- College/Faculty representatives (e.g. from the specialty/SAC)
- Educational Supervisors
- University Representatives (if appropriate)

- Associate Deans/Directors (if appropriate)
- Lay panel member
- Specialty Training Officer for administration (if appropriate)

### Panel Objectives

- Consider and approve the adequacy of evidence and documentation provided by the trainee
- Review portfolio, structured reports from the educational supervisors
- Documentation supporting assessments and achievements as set out by the specialty
- Provide comment and feedback where applicable on the quality of the documentation provided
- Make a judgement about the trainee's suitability to progress to next stage of training or to confirm that training has been satisfactorily completed
- Be accountable for decisions made
- Ensure a fair, equal and consistent process is followed

### What are the possible outcomes from the ARCP?

- |           |   |
|-----------|---|
| Outcome 1 | <p><b>Satisfactory Progress – Achieving progress and the development of competences at the expected rate</b><br/>The rate of progress should be defined within the specialty curriculum e.g. with respect to assessments, experiential opportunities, exam etc.</p>   |
| Outcome 2 | <p><b>Development of specific competences required – additional training time not required</b><br/>The trainee's progress has been acceptable overall but there are some competences which have not been fully achieved and need to be further developed. The panel need to specifically identify in writing the further development which is required.</p>   |
| Outcome 3 | <p><b>Inadequate progress by the trainee – additional training time required</b><br/>Formal additional training time is required which will extend the duration of the training programme (e.g. the expected CCT date). Clear documented recommendations will be required from the panel about what additional training is required and the level of supervision. The extension to training should normally be for a maximum of one year.</p>   |
| Outcome 4 | <p><b>Released from training programme – with or without specified competences</b><br/>Follows an Outcome 3. The panel will recommend that the trainee is released from the training programme if there is still insufficient and sustained lack of progress, despite having had additional training to address concerns over progress.</p>   |
| Outcome 5 | <p><b>Incomplete evidence presented – additional training time may be required</b><br/>The panel can make no statement about progress or otherwise since the trainee has supplied either no information or incomplete information to the panel. The trainee will have to supply the panel with a written account within five working days as to why the documentation has not been made available. Once the required documentation has been received the panel should consider it and issue an outcome.</p> |
| Outcome 6 | <p><b>Gained all required competences – will be recommended as having completed the training programme and for award of a CCT or CESR/CEGPR</b><br/>The panel need to consider the overall progress of the trainee and ensure that all the competences of the curriculum have been achieved.</p>  |
| Outcome 7 | <p><b>Fixed-term Specialty Trainee (FTSTAs) or LATs</b><br/>Trainees undertaking FTSTA/LATs will undertake regular in-work assessments and maintain documentary evidence of progress during their fixed-term appointment.</p>   |
| Outcome 8 | <p><b>Out of Programme for research, approved clinical training or a career break (OOPR/OOPT/OOPC)</b><br/>The panel should receive documentation from the trainee indicating what they are doing during their out of programme (OOP) time.</p>   |
| Outcome 9 | <p><b>Outcome for doctors undertaking top-up training in a training post</b><br/>Applicable to doctors who have been recommended for top-up training following applications for consideration for entry to the Specialty Register through Articles 11 and 14.</p>   |



Please note that you may also see trainees who continue in legacy SpR programmes and who will be subject to the Record of In Training Assessment (RITA) process on the same date. This process will differ slightly from the ARCP and is set out in the statutory guidance (the so-called Orange Guide) for specialist (as opposed to specialty) training.

Further information on the ARCP process can be found in The Gold Guide – A Reference Guide to Postgraduate Specialty Training in the UK. Please see <http://www.nes.scot.nhs.uk/medicine/policies/> for further information.

## Lay Member Feedback Form : RITA/ARCP Review Panel

Name				
Please state specialty				
Date of Event				
ARCP reviews only	Yes		No	
Joint ARCP/RITA reviews	Yes		No	

1. Do you wish to flag up anything from the event which you think requires urgent attention? <i>(If Yes, please explain below)</i>	Yes	No

2. Did you feel appropriately informed in advance of the event? <i>(If no, please give details)</i>	Yes	No

3. Did you feel the event you took part in was equitable for those concerned, e.g. trainees at a RITA/ARCP or interview, or all committee members, etc? <i>(If no, please give details)</i>	Yes	No

4. In what way did you feel you added value to the process?

5. In what way did the event meet/not meet your expectations?

6. Please describe anything you learned from the event or anything you would like flagged up for other lay members.

7. Any other comments

Signed:

Date:

Please return this form to:

Name  
Hospital Training Manager  
Address

Email: