

**North West of England Foundation School**

## **Foundation Training**

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

## ***Operational Guidance***

Version/Author/Publication Date	V1.HENW.Feb14
Version/Reviewer/Review Date	V1.JBaines/LMorrissey.April17
Version/Reviewer/Review Date	V1 MDixon June 2023
Version/Reviewer/Review Date	V1 SGul June 2024
Version/Reviewer/Review Date	V1 JShepherd April 2025

# Foundation Annual Review of Competence Progression (ARCP)

## 1. Scope

The purpose of this document is to provide operational guidance on the ARCP process specifically for Foundation Programme Training within NHS England - North West and the North West of England Foundation School.

This document should be read in conjunction with the relevant sections of [‘A Reference Guide for Postgraduate Foundation and Speciality Training in the UK’ \(The Gold Guide\)](#) and the [UKFPO ARCP Guidance](#).

## 2. Purpose of the ARCP panel

The purpose of an ARCP panel is as follows:

- To consider, assess and approve the appropriateness of the evidence and documentation within the ePortfolio.
- To make a judgement about the Resident Doctor's suitability to progress to the next stage of training
- To confirm training has been satisfactorily completed provided that adequate documentation has been presented
- To award the appropriate ARCP Outcome
- To provide feedback to the Resident Doctor and to inform the Resident Doctor's future training placement
- To provide evidence for the revalidation process, which starts at the beginning of the F2 year
- To consider the Resident Doctor's enhanced Form R and Exit Report along with the Clinical/Educational Supervisor's declaration, to enable completion of the revalidation element of the outcome form in terms of whether there is cause for concern. The Responsible Officer (RO) will then make a recommendation to the GMC.

## 3. Preparing for the ARCP process

The ARCP process for Foundation Programme (FP) Resident Doctors should normally take place annually. Panels may be convened more frequently to deal with progression issues that occur outside the normal annual cycle.

**The approximate timeline for the FP ARCP process is shown in Appendix 1.**

It is expected that every FP Resident Doctor will have evidence of every headline competence or curriculum domain as defined in the national FP curriculum. The best judgement needs to be made on the sampling of competences presented in the submitted evidence.

In general, F1 doctors should be able to show they have met the F1 requirements of the curriculum and F2 doctors have met all the requirements of the curriculum. If curriculum gaps are found the Resident Doctor should be made aware of this and asked to rectify any deficiencies. The Resident Doctor should be aware of this before the ARCP panel, as this should contain 'no surprises'.

#### **4. ARCP and ePortfolio**

The ARCP panel must base its decision only upon the submitted evidence within the ePortfolio. It is the responsibility of the Resident Doctor to submit the evidence, and for clinical and educational supervisors to submit their reports by the required deadlines.

At the beginning of the Resident Doctor's last attachment in the training year (i.e. April) two meetings should occur:

- an induction meeting with the Clinical Supervisor of the final post to outline the placement objectives
- a specific pre-ARCP meeting with their Educational Supervisor. This meeting with the ES is critical to the ARCP process and should be treated as an informal pre-ARCP, whereby the Resident Doctor is clear about the outstanding competences that need to be met in their final attachment in order to achieve a successful outcome at their ARCP. This is a particularly important role for the ES, where they should establish if there are any concerns that an adverse ARCP outcome is likely. There should be a record of this meeting within the ePortfolio.

At the meeting with the ES, the ES must play a key role within the preparation stages of their Resident Doctor's ARCP and revalidation by:

- ensuring that any gaps within the portfolio/evidence are identified with the Resident Doctor
- agreeing an action plan with the Resident Doctor to enable any outstanding areas to be addressed in time for Resident Doctor submission of their portfolio for the ARCP panel
- documenting this action plan within the ePortfolio
- working closely with the Resident Doctor's Clinical Supervisor where necessary

The ARCP process needs to occur in May/June of each year to meet GMC timelines for sign off of both F1 and F2 Resident Doctors.

#### **5. ARCP Panel membership, documentation, procedure and indemnity**

##### **5.1 Panel membership**

The ARCP panel typically comprises three members, one of whom should be the FPD (chair of the panel) and two other members may be selected from:

- Clinical Supervisors
- Educational Supervisors
- Medical Education Manager
- Foundation Programme Administrator
- Specialty training doctor ST4 or above
- Non-medical clinical staff
- Representative from a professional group allied to medicine
- Trainer/Visitor from another trust

*(This is not an exhaustive list.)*

Every local Foundation team is responsible for ensuring that their ARCP panel members are familiar with

- The Foundation Programme curriculum and training requirements
- The Foundation ePortfolio

All panel members must have been trained in equality and diversity within the last three years.

The trust's Patch Associate Dean or Director must be on the panel for at least 10% of FP Resident Doctors of that trust. This is for both F1 and F2.

If any panel member has a personal relationship with, or has been directly involved with the training of the Resident doctor, e.g. their educational or clinical supervisor, a declaration of interest must be made and the panel member should withdraw from that doctor's ARCP.

External scrutiny should be provided by the presence on each panel of an "external trainer". The external trainer should be from within the school but from outside the trust's Foundation Programme. An FPD from another trust is appropriate for this role.

## **5.2 Documentation for ARCP Panel**

The following information will be available to the panel via the e-portfolio:

- The Resident Doctor's health and probity declarations
- The Resident Doctor's evidence of performance, including their appraisal summaries and learning plans, evidence of experience, assessment, evaluation and feedback, but excluding confidential self-evaluations
- A variety of appropriate evidence within the Resident Doctor's portfolio which is cross-referenced to the FP curriculum and endorsed by the ES via the validation form
- A trust summary of attendance at shadowing and induction
- A trust summary of attendance at FP teaching
- Record of Resident Doctor absences through ill-health or other reason
- Record of study leave (for F2)
- Enhanced Form R for revalidation (for F2)

## **5.3 Panel Procedure**

The ARCP panels should be chaired by the Foundation Programme Director or their nominated representative.

FP ARCP panels will use the national ARCP Outcome Forms and the proceedings must be fully recorded in order to provide an audit trail.

1. A minimum of five working days in advance of the ARCP panel meeting, each panel member will have access to a number of portfolios to review. Individuals will propose and justify an outcome for each of their portfolios, noting strengths/weaknesses in relation to the curriculum standards
2. Panel members come to an individual decision on their recommendation for an ARCP outcome

3. The ARCP panel meets and members confer and agree strengths, weaknesses and adequacy of the evidence in relation to the curriculum. Panel members may question the suggested outcome and refer to the evidence within the portfolio before reaching agreement. Where the documentary evidence submitted is incomplete or otherwise inadequate to support a judgement, the procedures in relation to Outcome 5 (Incomplete Evidence Presented) should be followed.
4. ARCP records are completed. Any concerns about a Resident Doctor's Fitness to Practice must be reported to the Deputy Dean for Foundation in time for further advice and guidance, but if something is raised at ARCP, this must be forwarded to the Deputy Dean who will then liaise with the RO. For F2 following consideration of the Resident Doctor Form R, the Chair of the panel will complete the revalidation section of the enhanced outcome form for consideration by the RO.
5. ARCP panel duties are complete when the decision and any recommendations are communicated to the Resident Doctor, the ES and the Foundation School.
6. An outcome 5 is not an acceptable final outcome for the ARCP process. This must be addressed appropriately by the Resident Doctor within two weeks after the initial ARCP outcome at which point the School will expect to be notified of the revised outcome. This could therefore be 1,3,6 or (rarely) an outcome 4. Until the final outcome is received the Deputy Dean for Foundation will not sign off that doctor. If the Resident Doctor is, for example, unwell and requires additional time, if this exceeds the time allowed out of programme (i.e. 20 days) the ARCP panel should award the appropriate outcome 'other' (see UKFPO ARCP Guide)
7. If any Resident Doctor is awarded an ARCP outcome of 3, 4 or 5, action plans (where appropriate) are to be signed between the trust and the Resident Doctor and this information must be sent on to the Foundation School.
8. The Resident Doctor must acknowledge the outcome through the appropriate channels within ten days of the panel meeting.

## 5.6 Indemnity

NHS England (NHSE) local offices and their direct employees will be indemnified by NHSE. Colleagues who act for NHSE North West but have no contract of employment with NHSE North West may also be indemnified in relation to actions taken on behalf of and under the management of the School, including:

- Conduct of ARCP panels
- Management of training placements
- Ad hoc targeted training of individual Resident Doctors undertaken under the direction of the Postgraduate Dean

Indemnity will be subject to the individual complying with NHSE policy on Equal Opportunities.

## 5.7 Informing and involving the FP Resident Doctor in the ARCP decision

The ARCP procedure is an assessment of the documented evidence that is submitted by the Resident Doctor. **The Resident Doctor must not be present whilst the panel considers the evidence and makes its judgement** and should not normally attend the panel.

Where Resident Doctors have been invited to discuss the implications of the panel's decision, general training issues or to plan future training placements, **this discussion should be separate from, and take place, after the panel has considered the evidence and made its decision.**

## 6. ARCP Outcomes

The following ARCP outcomes are available to ARCP panels for FP Resident Doctors:

*NB: Outcome 2 is not available for FP training as per the national process outlined in the Gold Guide.*

**Outcome 1:** Satisfactory progress – achieving progress and the development of competences at the expected rate

**Outcome 3:** Inadequate progress – additional training time required

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

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

**Outcome 6:** Gained all required competences – will be recommended as having completed the Foundation training programme

**Outcome 8:** Out of Programme (OOP) e.g. for experience or a career break. It is unusual for Resident Doctors to take such a career break. However, the panel should receive documentation from the Resident Doctor, on an annual basis, indicating what they are doing during their OOP time. This should contain the purpose of OOP, progress towards qualification (if any), report from supervisor indicating satisfactory progress and if contact with patients, that there have been no adverse incidents or concerns raised about the doctor's practice. If this documentation is not received the OOP must cease and the doctor should return to the training programme. Resident Doctors undertaking OOP will be required to submit an enhanced Form R in fulfilment of their revalidation requirements.

- For FP Resident Doctors who have met the competences for their training year, F1 Resident Doctors should be awarded an Outcome 1 and F2 Resident Doctors should be awarded an outcome 6.
- If a Resident Doctor has not yet completed an ILS/ALS course at the end of the F1/F2 year respectively, but has dates booked prior to the end of the year the FPD/Deputy Dean may find it appropriate to accept evidence that the doctor has booked to attend a refresher course.

## **7. Management of ARCP Outcome 3, 4 and 5**

Where an award of outcome 3 or 4 has been given, the panel chair or their nominee, together with a person from the local FP team, must communicate and discuss the outcome with the Resident Doctor **within five working days** and inform the Resident Doctor of the Schools appeals process. The minutes of this meeting should be shared with the Resident Doctor and the Resident Doctor's ES. Communication of the outcome and any discussion with the Resident Doctor concerning the implications of the decision must be separate from the decision-making process.

### **Outcome 3:**

The panel will need to specify in writing to the Resident Doctor what additional training is required, the circumstances under which it should be delivered (e.g. concerning the level of supervision) and the proposed timescale. This recommendation must also be communicated to the Deputy Dean, ES, employer and the School. This additional training must be agreed with the Resident Doctor.

An interim ARCP at completion of the additional training should consider the outcome of the additional training as soon as practicable after its completion. All Resident Doctors given this outcome should be given the guidance for Resident Doctors in receipt of an outcome 3 (*Appendix 3*).

If the trust suspects that the outcome may be a 4, then the Trust Associate Dean or the Deputy Dean should be invited to attend the panel also.

If a Resident Doctor refuses to undertake the recommended additional training time, then the outcome should be converted to an Outcome 4.

### **Outcome 4:**

This outcome will result in the F1 doctor being ineligible to undertake F2 posts and for the F2 doctor being ineligible to apply for specialty training. It will therefore have considerable impact on the doctor's career. Usually, an Outcome 4 is awarded after a previous Outcome 3. However, there may be occasions, for example where there is a patient safety issue, or the doctor's performance shows no improvement such that after a second year, the Resident Doctor is not fit to enter Specialty training, which would require release from the Foundation programme immediately.

The panel should ensure that any relevant competences that have been achieved by the Resident Doctor are documented.

The panel can recommend that the Resident Doctor is released from the training programme if there is insufficient and sustained lack of progress, despite having opportunity for additional training and time to address concerns over progress, despite the implementation of a detailed educational plan.

The Resident Doctor may wish to seek further advice from the Deputy Dean about future career options. All Resident Doctors given this outcome should be given the guidance for Resident Doctors in receipt of an outcome 4 (*Appendix 4*).

The Deputy Dean should be informed and involved as soon as practically possible. A decision may be made by the trust and the Deputy Dean to refer doctors to the General Medical Council, where appropriate.

### **Outcome 5:**

The panel cannot make a statement about progress or otherwise since the Resident Doctor has either supplied no information or irrelevant or incomplete information to the panel. If this occurs, on the face of it, the Resident Doctor may require additional time to complete their training programme.

The Resident Doctor 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 Resident Doctor and can require the Resident Doctor to submit the required documentation by a designated date. ***This must not exceed two weeks.***

Once the required documentation has been received, the panel should consider it (the panel does not have to meet with the Resident Doctor and the review may be done “virtually” if more practical) and issue an assessment outcome. Therefore, an Outcome 5 cannot be held for sign-off and no appeal against this interim outcome is possible.

## **8 Remedial training**

If a period of remedial training is required for a Resident Doctor, as a recommendation of the ARCP panel, this should be taken forward by the employing trust.

Resident Doctors must (other than statutory leave) take up a place immediately or inform the Postgraduate Dean of their special circumstances. They may not defer for longer than 12 months for whatever reason.

On completion of remedial training, the ARCP outcome should be reviewed by a panel. The panel may decide that the Resident Doctor can:

- Progress on the programme
- or requires further additional training
- or should be released from the programme.

## **9. Review of outcome**

If, following the outcome awarded at ARCP panel, any adverse incidents occur which may alter the outcome given; a new panel will be called to review the original outcome given.



## APPENDIX 1:    Approx. ARCP TIMELINE

<b>Timing</b>	<b>Action</b>	<b>Person responsible</b>
<b>Pre April</b>	Identify ARCP panel members & plan logistics	FPD/FPA
<b>April</b>	Resident Doctor meets their ES a) Any gaps in portfolio identified b) Action plans made to fill gaps	Resident Doctor/ES
<b>May</b>		
<b>Early May</b>	Resident Doctor meets their ES a) Portfolio re-reviewed b) Ensure action plan from April completed/on target	Resident Doctor/ES
<b>By 30<sup>th</sup> May</b>	Deadline for evidence, e.g. SLE, supervisor reports on Horus, Form R. Anything entered on Horus after this date might not be considered by the ARCP panel members	Resident Doctor/ES/CS
<b>June</b>		
<b>From 2<sup>nd</sup> June</b>	Members of ARCP panels able to view and review evidence  Panels meet to complete ARCP	ARCP Panel
<b>27<sup>th</sup> June</b>	Deadline for ARCP Outcomes to be confirmed and acknowledged on Horus by the Resident Doctor and FPD, ready for completion of the F1CC	Resident Doctor/FPD
<b>30<sup>th</sup> June</b>	Deadline for lodging an appeal. Appeal must be made in writing to the Deputy Postgraduate Dean and must clearly state the grounds for appeal.	Resident Doctor

<b>July</b>		
<b>11<sup>th</sup> July</b>	Deadline for receiving evidence and supporting documentation to support appeal	Resident Doctor
<b>14<sup>th</sup> July</b>	Send all appeal evidence to all parties	Foundation School
<b>21<sup>st</sup> July / 22<sup>nd</sup> July</b>	ARCP Appeals dates	
<b>16<sup>th</sup> July onwards</b>	Sign off of F2 Resident Doctors on Horus	Foundation School

***\*It is critical to the successful running of the appeals process that the school is made aware of potential appeals as they arise and as soon as possible***

**Ideally, Resident Doctors should know the outcome of their ARCP as soon as possible, rather than leaving the notification until the deadline so that any appeals can be submitted earlier and an appeal panel convened.**

## **APPENDIX 2: APPEALS**

### **2.1 Introduction**

Resident Doctors who have received Outcome 3 or 4 (additional training time is required or release from the training programme) have the right to request an appeal.

Any appeal must be sent by the Resident Doctor, in writing to the Deputy Dean for Foundation, normally within ten working days of the Resident Doctor being given written notification of the panel's decision. The Resident Doctor appealing must indicate which of the criteria for appeal forms the grounds for their appeal and include the specified supporting evidence. *(See section Step 2: Lodging an appeal request and the formal appeal hearing {below})*

The Foundation School will administer the appeals process.

Any appeals received by the School more than ten working days after the Resident Doctor has been given written notification of the outcome may not be accepted.

If after considering the appeal request, the Deputy Dean agrees that there are grounds for appeal, an appeal panel will be convened to consider the evidence and to form a judgement as to whether the original ARCP panel decision can be upheld or overturned.

The panel will consider representations and evidence from both the Resident Doctor and from those who are closely involved with their training, such as the ES and FPD.

Any additional witnesses and evidence can be called by the appeal panel.

The Resident Doctor should submit an appeal report to all parties which they present on the day. The Resident Doctor may call any additional witnesses and submit any additional evidence relevant to the appeal.

Resident Doctors also have a right to be represented at the appeal, to address it and to submit written evidence beforehand. They may choose to bring, for example, a friend, colleague or a representative of their professional body, if a Resident Doctor wishes to be represented by a lawyer, the appeal panel Chair will consider this request. Legal representatives will 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 any legal representatives.

### **2.2 Those awarded Outcome 3 or 4 – Right of appeal**

#### **Stage 1: Discussion**

Stage 1: Resident Doctors must be able to discuss the ARCP decision with the local FPD to clarify the perceived problem and to decide upon a course of action.

The purpose of this stage is to reach a common understanding of a Resident Doctor's problems and to decide on the best course of action. It is not a review of the outcome.

Where, following the stage 1 process, the Resident Doctor accepts that competences have not been achieved, 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 with a revised indicative date for

completion of training set and agreed with the Deputy Dean. This should not be greater than an aggregated period of one year from the original indicative date of the end of training, except in *exceptional* circumstances agreed by the Deputy Dean and Postgraduate Dean, when the maximum period of further training can be extended. This is considered on a case-by-case basis.

If an original ARCP panel has recommended that the Resident Doctor should be withdrawn from the training programme, the Deputy Dean will always assume that stage 2 will follow. The local FPD will therefore directly contact the Resident Doctor to establish the Resident Doctor's wishes. An appeal hearing in these circumstances should proceed unless the Resident Doctor formally withdraws, in writing, from the programme at this stage. Due to the seriousness of an Outcome 4 appeal, the School will expect the Resident Doctor to attend.

## **Stage 2: Lodging an appeal request and the formal appeal hearing**

If a Resident Doctor does not accept the outcome of stage 1, they should then inform the Deputy Dean in writing, normally within ten working days of the discussion, formally requesting the appeal and specifying which of the criteria below forms the basis of the appeal and providing the required supporting evidence.

1. The prescribed process was not followed correctly.  
Evidence would need to be supplied to support this claim
2. There is evidence the Resident Doctor submitted by the deadline which the panel didn't consider.  
This evidence would have to be provided, so that this could be checked with the panel.
3. There is evidence which the Resident Doctor can now submit which might change the outcome.  
This evidence would have to be submitted for the Deputy Dean to consider whether this constitutes grounds for appeal.
4. There are mitigating circumstances not considered by, or unknown to, the panel.  
The circumstances would have to be explained and supporting evidence provided.

No request for appeal can be considered if the required supporting evidence is not supplied with the request.

The Deputy Dean will consider the appeal request and evidence and decide whether there are grounds for appeal.

If the Deputy Dean agrees that there are grounds for appeal, a formal and separate appeal panel will be convened

The appeal panel may confirm the original panel's decision or give another outcome. This is the final internal appeal process.

The School will reply formally, stating the time and date of the appeal.

The formal appeal hearing (stage 2) will normally take place within fifteen working days of receipt of a request for an appeal, where practical. However, it is not always practicable given the six-week rule for consultant notice. The appeal hearing will therefore be arranged as soon as possible following the request for appeal.

Any documentation/written evidence that either party wishes to have considered should be submitted no less than ten working days before the date of the hearing where possible. Resident Doctors should provide any additional supporting information that they believe has not been considered by the original panel.

***Alteration or addition of material to the ePortfolio at this time is not permitted.***

Once all evidential information has been received it should be circulated to all those who will be present at the appeal hearing as soon as possible, and no less than five working days before the date of the hearing.

## **2.3 Possible Outcomes of ARCP Appeal Panels**

### ***2.3a The panel upholds the original decision of an outcome***

#### **Outcome 3**

The panel agrees the competences have not been achieved by the Resident Doctor, thereby resulting in an extension to the planned training programme. An action plan should be developed in partnership with the Resident Doctor, 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. The action plan will contain as much detail as possible and will be provided by the appeal panel. Further detail underpinning the plan will then need to be agreed by the ES, FPD and the Resident Doctor. The Resident Doctor is ultimately responsible for fulfilling the plan, supported by the ES and the FPD and trust.

On occasion this may require the change of an ES or even trust. The School will consider these options on a case-by-case basis.

#### **Outcome 4**

The panel agrees that the evidence is such that the Resident Doctor has not met the requirements of the curriculum despite additional training time and/or educational support. Particular care and discussion must occur to ensure appropriate bodies are informed, including the GMC, if there is any concern with regard to the individual's revalidation or patient safety.

### ***2.3b The Panel overturns the ARCP Outcome***

The review or appeal panels may decide at any stage that Outcomes 3 or 4 are not justified. If so, the facts of the case will be recorded and retained by the School but the outcome should be amended to indicate only the agreed position following review or appeal.

## **2.4 Process**

Outcome documentation from the original annual review panel will not be signed off by the Deputy Dean until all review or appeal procedures have been completed.

The panel will inform the Resident Doctor and trust in writing of its decision and details of any required educational plan to the trust and Resident Doctor to ensure factual accuracy. This will be done within three working days of the appeal.

Both trust and Resident Doctor will then have three working days to make any factual corrections to the panel chair.

A final written decision will then be sent to all parties by the School and this outcome is final. Where lack of progress may result in the extension or termination of a contract of employment, the employer will be kept informed of each step in the appeal process.

This concludes the available appeals process for F2 Resident Doctors.

## **2.5 Appeals against an Outcome 4 (removal from the training programme) for F1 doctors to medical school of graduation**

Under the Medical Act, the GMC has determined that the graduating UK medical school/university is responsible for the recommendation for GMC Full Registration. Any final appeal against an Outcome 4 (typically after an extension to F1 training has been undertaken but not successfully completed) should normally be heard by the University of Graduation.

The medical school of graduation will convene an appeals panel under guidance from The Medical Schools Council who will determine the appropriate representation.

It is recognized that such an appeal may be difficult to arrange for those Resident doctors who are distant to their University of graduation and in such cases an appeal against an Outcome 4 may be heard by NHSE North West following agreement with the medical school of graduation.

Any appeal against an Outcome 4 would only be against the processes that lead to the recommendation to end F1 training, not the educational decision itself. If the reason for the Outcome 4 was for not attaining the required standards then this remains the case.

The final appeal panel may uphold that due process was not followed. However, this would **not** automatically enable the outcome to be uplifted, nor necessarily allow the doctor to continue their training within NHSE North West

Such provisions do not apply to an appeal against an initial extension to F1 (Outcome 3) which should typically be heard within the foundation school in which the resident doctor has been training.

**The F1 doctor may make a final appeal against the decision to the graduating UK medical school through the Independent Adjudicator. Further details should be available from the university/medical school of graduation.**

## **APPENDIX 3:**

### **Guidance for Foundation Programme Resident Doctors in receipt of an ARCP Outcome 3**

**Q Why have I been issued with an ARCP Outcome 3?**

A The ARCP panel has assessed your progress and decided that there is a need for you to undertake additional training time.

**Q Will this delay my progress to F2 or from the Foundation Programme?**

A Yes. The panel will reassess your date of progress in line with your progress towards agreed targets.

**Q What if I disagree with the panel's decision?**

A You should discuss the decision with the FPD in the first instance. If at this stage you accept the decision, an ARCP Outcome 3 will be signed by you and your local trust and you will receive a written statement containing:

- the programme you will have to undertake
- the criteria upon which it will be decided whether you have reached the required standard
- the time period over which the programme will run

**Q What if I still do not agree with the decision?**

A You have the right to formally appeal against the decision.

**Q How do I appeal?**

A You must put your request for a formal appeal in writing to the Foundation School Director in line with the dates set out in this guide.

The appeal hearing should take place within 15 working days of receipt of your written request, where practical.

**Q Who will be on the appeal panel?**

A The appeal panel will be made up of the Deputy Dean for Foundation or nominee (representing NHS England - North West), another FP Director or nominee, a HR representative, an FP Educational Supervisor from another trust, an FPD from another school, a Specialty/GP Resident Doctor who has recently completed a Foundation Programme and possibly an external lay person.

Members of the original ARCP panel and those involved in stage 1 discussion will not take part in the hearing other than as potential witnesses.

**Q Can I have representation at the appeal?**

A Yes. You have the right to representation at the hearing, to address it and to submit written documentation in support of your appeal. You could, for example, choose a friend, BMA representative or a colleague. It is your responsibility to identify and invite your chosen representative and inform the Foundation School of the name and designation of the individual concerned. They will have to identify themselves to the appeal panel and also behave in a manner appropriate to the situation.

**Q What happens if the original decision is overruled?**

A The appeal panel may decide that a decision or recommendation to repeat experience or withdraw you from the programme is not justified. If this happens, new recommendations will be made and your ARCP Outcome will be amended accordingly.

**Q What happens if the original decision is upheld?**

A You will receive an ARCP Outcome 3, and you will have to undertake the recommended repeat training. If you refuse to undertake the required additional training, you may be awarded an Outcome 4 and released from the Foundation Programme.

**Q What do I do if I still disagree?**

A The decision of the appeal panel is final.



## **APPENDIX 4:**

### **Guidance for Foundation Programme Resident Doctors in receipt of an ARCP Outcome 4**

**Q Why have I been issued with an ARCP Outcome 4?**

A The ARCP panel has assessed your progress and decided that you should not be allowed to continue on the Foundation Programme.

**Q Will this delay my progress to F2 or from the Foundation Programme?**

A Yes. You have been released from the training programme with or without specified competencies. This outcome has implications regarding your continuing employment. You may wish to seek further advice from your local Foundation Programme Director or employing trust.

**Q What if I disagree with the panel's decision?**

A You should discuss the decision with a member of the original ARCP panel in the first instance. If at this stage you accept the decision, an ARCP Outcome 4 will be signed by you and your local Foundation Programme Director and the Deputy Dean for Foundation. You will leave the programme at the end of the academic year. You will also receive a written statement confirming:

- that you are being released from the training programme
- any defined competences achieved
- that, depending upon the exact circumstances, the GMC may need to be informed.

**Q What if I still do not agree with the decision?**

A You have the right to formally appeal against the decision.

**Q How do I appeal?**

A You must put your request for a formal appeal in writing to the Foundation School Director in line with the dates set out in this guide. The appeal hearing should take place within 15 working days of receipt of your written request, where practical.

**Q Who will be on the appeal panel?**

A Members of the original ARCP panel and those involved in stage 1 discussions will not take part in the hearing other than as potential witnesses. The appeal panel will be made up of the Deputy Dean or nominee (representing NHS England - North West), another FP Director or nominee, a HR representative, an FP Educational Supervisor from another trust, an FPD from another school, a Specialty/GP Resident Doctor who has recently completed a Foundation Programme and possibly an external lay person.

**Q Can I have representation at the appeal?**

A Yes. You have the right to representation at the hearing, to address it and to submit written documentation in support of your appeal. You could, for example, choose a friend, BMA representative or a colleague. It is your responsibility to identify and invite your chosen representative and inform the School of the name and designation of the individual concerned. They will have to identify themselves to the appeal panel and also behave in a manner appropriate to the situation.

**Q What happens if the original decision is overruled?**

A The appeal panel may decide that a decision to withdraw you from the programme is not justified. If this happens, new recommendations will be made and your ARCP Outcome will be amended accordingly.

**Q What happens if the original decision is upheld?**

A You will receive an ARCP Outcome 4, and you will be required to leave the programme. Depending on the exact circumstances, the GMC may need to be informed.

**Q What do I do if I still disagree?**

A The decision of the appeal panel is final.

## **APPENDIX 5:**

### **Guidance for consideration of sign-off for LTFT Resident Doctors**

It is well described that less than full time (LTFT) doctors-in-training may sometimes be more advanced in their competencies than a narrow assessment of their time in training may suggest. COPMED have asked for increased flexibility in assessment of LTFT doctors-in-training, including FY2 doctors (ref). There is little scope for adjustment in FY1 training, due to the Medical Act. The indicative duration for FY2 training remains at 12 months (minus 20 days for illness and other unplanned absences). LTFT doctors may, on exceptional occasions, be identified for accelerated sign off and the School identifies 10 important principles, which should guide the decision process in Foundation programmes.

1. When going LTFT there should be set a projected extended finish date, according to the calculation with percentage of LTFT being contemplated.
2. That new later finish date is the default finish date and it will apply unless changed by ARCP and subsequent review.
3. The only process that can decide competency progression is the ARCP, typically occurring in the summer before cohort completion end July.
4. The ARCP is earliest time that an alteration to the finish date can be assessed, it is unwise to assume or attempt to prejudge the outcome of the ARCP beforehand.
5. There should be no assumption made before the ARCP that accelerated sign-off can occur, this is decided by the ARCP panel.
6. The portfolio must have no concerns for early finish to be discussed.
7. If time served is the only issue concerning the ARCP panel, i.e. would be routine sign-off but for missed time, that prompts a review of the case with the School Director.
8. This review is the earliest point at which the decision about accelerated sign-off can be made.
9. The summer ARCP outcome for all Resident Doctors in training is predicated on satisfactory completion until at least the end of July.
10. If any Resident Doctors leaves sooner than agreed the agreed date or the end of July, a favourable outcome can be changed to a N21 or N22 code, "resignation" indicating non-completion.

The School director is available for any discussions on individual cases which may be needed.

Ref. *Principles for supporting programme management of LTFT doctors in training.*  
COPMED, October 2022.