

**Health Education England –
working across the North West**

Postgraduate Medical and Dental Education

**Annual Review of Competence Progression (ARCP) Protocol
for
Specialty (including GP) Trainees**

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Document Title	Annual Review of Competence Progression (ARCP) Protocol
Purpose	This protocol aims to ensure a reliable, valid and equitable process for the ARCP for specialty trainees, being compatible with recommendations within The Reference Guide for Postgraduate Specialty Training in the UK (the Gold Guide, 2018), ensuring consistency of practice across HEE – working across the North West (HEE-NW).
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Annual Review of Competence Progression (ARCP) Protocol

1. Background

This protocol aims to ensure a reliable, valid and equitable process for the ARCP, aligned with recommendations within The Reference Guide for Postgraduate Specialty Training in the UK (the Gold Guide, 7th Edition 2018).

The Annual Review of Competence Progression Protocol is applicable to:

- all specialty trainees (including general practice trainees, those in core training, those in less than full-time (LTFT) training and trainees in academic programmes) whose performance through a specialty training programme must be assessed to evaluate progression
- trainees in combined academic/clinical programmes (e.g. those in academic clinical fellowships, clinical lectureships or clinician scientist appointments)
- trainees who are out of programme with the agreement of the Postgraduate Dean
- trainees who resign from a programme. Such trainees should normally have their progress between their last ARCP and the point of resignation reviewed. The ARCP panel should document any relevant competences achieved by the trainee; however, no outcome will be awarded and the N21 and N22 codes should be utilised (Gold Guide 4.36 iv).
- LAT trainees

The ARCP process for trainees in LTFT training should take place at the same frequency as full-time trainees, i.e. at least once per calendar year. The ARCP panel should take particular care to consider that progress has been appropriate and that the estimated time for completing the training programme is reviewed.

This process does **not** include Foundation trainees, who should refer to the national guidance (<http://www.foundationprogramme.nhs.uk/pages/home/foundation-ARCP>) and regional process (<https://www.nwpgmd.nhs.uk/foundation-policies-and-processes>) However, the process within the Foundation Programme is aligned with this process.

This process does **not** include trainees on dental education programmes. Dental trainees on specialist programmes are subject to an ARCP process that complies with the Dental Gold Guide. Pilot work is underway for trainees on the dental foundation programme, aiming to roll the process out to central core training in the future. Both processes within the dental section of HEE-NW are aligned with this process.

2. Educational Review

It is recommended that educational supervisors undertake an educational review with their trainees 8 weeks prior to the ARCP date. A structured report should be prepared by the trainee's educational supervisor which 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 provide a summary of progress including collation of the results of the required workplace-based assessments, examinations and other experiential activities required by the specialty curriculum (e.g. logbooks, evidence of research activity, publications, quality improvement activities audits).

Academic trainees should also meet with their academic supervisor to complete the 'Report on Academic Trainees' Progress' form or the relevant academic supervisor's report on e-portfolio. As the assessment process jointly assesses academic and clinical progress, the trainee must also submit evidence of clinical achievement.

The process of educational review should produce a provisional personal development plan for the following 12 months. The portfolio should be mapped against all the areas of Good Medical Practice. Although the Gold Guide suggests this process should take place after the ARCP panel, it would be educationally more valid for a plan to be produced at the educational review, particularly for trainees who are progressing satisfactorily. The ARCP panel may modify the plan after consideration of the evidence presented. Where significant concerns are expressed the educational supervisor may choose to only make a statement of the competencies required and leave the further planning process to the panel.

Educational supervisors should also review the Form R with the trainee. Trainees must be able to raise any concerns without fear of being penalised, with any patient safety issues identified by clinical incident reporting and reflective notes maintained via the portfolio, in addition to being reported through the relevant organisational procedures. Trainees also need to be aware that any such discussions should be reported as part of the required self-declaration for revalidation. Trainees need to update Form R annually and submit to HEE-NW prior to every ARCP panel. Failure to submit a completed Form R that reflects the full scope of practice will result in an Outcome 5 being issued. Trainees must be reminded that persistent failure to submit an updated Form R may result in referral to the GMC for non-engagement with the revalidation process.

Trainees will be given at least 6 weeks' notice of the date of their ARCP panel so they can ensure all assessments and appraisals have been done and they can obtain structured reports from their educational supervisors, ensuring their educational portfolio is complete. The educational portfolio with the required evidence must be available to HEE-NW by the date of the ARCP panel meeting. 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.

The educational appraisal process is the principal mechanism whereby there is the opportunity to identify concerns about progress as early as possible. These concerns should be brought to the attention of the trainee during educational review meetings and it should not come as a surprise to a trainee that action through the ARCP process is under consideration. Account should be taken of all relevant factors which might affect progress (for example, health or domestic circumstances) and should be recorded on the educational portfolio. An action plan to address the concerns should be agreed and documented between the educational supervisor and trainee.

3. The ARCP process

The ARCP 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.

For practical and administrative reasons, some specialties may wish to discuss other issues e.g. the trainee's views on their training and planning of future placements. However, the assessment of evidence and the judgment arising from the panel must be kept separate from these other issues. In summary, the ARCP panel that decides on a trainee's ARCP outcome must be a separate decision making panel where the trainee is not present.

The following frameworks may be used during the ARCP process.

1. Panel reviews evidence submitted and issues ARCP outcome (assessment panel). Trainees only seen if an Outcome 2, 3 or 4 is issued (feedback panel).
2. Panel reviews evidence submitted and issues ARCP outcome (assessment panel). All trainees then invited to attend, notified of the outcome, and discussion follows (feedback panel).

3. Panel meets with trainee for appraisal meeting to review evidence submitted and records any additional information to assist the ARCP panel in its decision (Educational Review). A separate ARCP panel should then issue the final ARCP outcome based on its individual judgment of all the evidence submitted (assessment panel). The trainee may be invited back to the panel to discuss the outcome once this has been agreed (feedback panel).

Framework 3 may be most useful to those specialties that run multiple panels over the course of one day. If it is necessary to convene a feedback panel on a separate day to the assessment panel and it proves logistically difficult to convene a full panel, a senior educator involved in the training programme with delegated responsibility (ideally the TPD) can meet with the trainee instead (Gold Guide 4.70).

In summary, the assessment panel and feedback panel make up one assessment period and trainees should only be issued with one outcome in this period unless an Outcome 5 is issued followed by a further outcome. In this case, both the Outcome 5 and subsequent outcome should be recorded. Trainees must not be present at any panel where outcome decisions are made.

The panel must record the outcome for each trainee within the educational portfolio. The trainee must sign the form to indicate their understanding of the recommendations of the panel. For hospital speciality trainees, the Programme Support Manager (PSM) will provide a copy of the final ARCP Outcome Form to the trainee, the Training Programme Director (TPD) and the relevant College or Faculty (as required). For academic trainees, the academic report should be attached to the outcome document. For general practice trainees, the outcome paperwork is immediately accessible by the relevant people and College via the e-portfolio.

All Schools should ensure that training needs in relation to e-portfolio's for educational supervisors and trainees are assessed well in advance of the ARCP period. E-portfolio training should be considered compulsory for any individual taking on the role of educational supervisor.

The purpose of the trainee meeting with the panel after it has reached its decision (feedback panel) is to discuss the recommendations for focused or additional remedial training if these are required. If the panel recommends focused training on the development of specific competences (Outcome 2) then the timescale for this should be agreed with the trainee. Objectives should be written in SMART format.

If additional remedial training time is required (Outcome 3), the panel should indicate the intended outcome and proposed timescale. The framework of how a remedial programme will be delivered will be determined by the Postgraduate Dean, however the details will be planned by the TPD/Head of School (HOS), in discussion with the Associate 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.

This additional training must be agreed with the trainee, the trainers and employer. Full information about the circumstances leading to the additional training requirement must be transmitted by HEE-NW to the training site and employer, including the reasons for remediation. This will be undertaken by the PSM once the process is complete by sending copies of the SMART objectives to the TPD, the trainee's current and next (where known) Trust specialty lead, the trainee's current and next (where known) Director of Medical Education (DME) or educational supervisor. 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 and continuing in the training programme.

Progress with Outcome 2s and 3s can be reviewed at a further ARCP panel at an agreed later date. If all objectives have been met, an Outcome 1 can be issued. Details should be fully documented in the ARCP notes pro-forma for future reference.

The trainee may request a review or appeal within 10 working days of receiving written notification of their ARCP outcome.

4. ARCP Panels

The ARCP panel will be convened by the PSM (or their deputy) and should consist of at least three panel members appointed by the training committee or an equivalent group, of which the Chair must be one of the following: Associate Dean, Head of School, TPD or their appointed deputy (where necessary for multiple panels). Where panels are chaired by an appointed deputy, the Head of School or TPD should be available to oversee all panels on that day. Feedback panels should be attended by the Associate Dean but can be chaired by the Head of School or TPD if felt appropriate.

It is advisable, where possible, that Schools make arrangements for 'stand-by' panel members to be available on the day of the ARCP in the event of cancellation by a scheduled member of the panel. It is recognised that in smaller specialties it may only be possible to arrange panels with two members plus a HEE-NW representative. Where multiple panels take place over one day, the Chair can act in a roaming role across all panels.

Where an Associate Dean is not available to attend a feedback panel, the HEE-NW representative role can be undertaken by the Head of School. However, in such circumstances, a further specialty representative such as the TPD or another educational supervisor will also be required to attend as the Head of School cannot represent HEE-NW and the specialty on the same panel. Where such representation occurs, the Head of School must ensure discussion with the Associate Dean prior to the feedback panel to ensure they are fully briefed on their HEE-NW representative role.

For those specialties where the assessment panel and feedback panel take place on the same day, it must be ensured that an Associate Dean is available to Chair any unexpected feedback panel complex outcomes (i.e. non-exam failure outcomes), or that the Head of School has obtained a full briefing from the Associate Dean (as above) on their role as Chair.

It should be noted that for assessment panels, the maximum recommended number of panel members is four. For feedback panels, the maximum recommended number of panel members is six; for example, the Chair, a lay representative and four other clinicians. Any panel larger than this may be asked to justify its membership.

A member of HEE-NW's education team will arrange the venue and be in attendance at every ARCP panel. The PSM or Programme Support Coordinator (PSC) should be in attendance at every feedback panel whenever possible. However, it is acknowledged that during the summer ARCP programme it may be necessary for a HEE-NW representative other than the PSM/PSC to be in attendance. Where an Associate Dean is not present (as above) a PSM/PSC must be available to sit on the panel or the panel will need to be reconvened.

For academic assessment, the lead Associate Dean will advise on academic input to the annual ARCP process. All academic trainees must ensure they have met with their academic supervisor prior to their review and completed the 'Report on Academic Trainees' Progress' form or the relevant section on e-portfolio.

Lay representation should be arranged for all feedback panels and 10% of all assessment panels across Schools (or across specialty for those that stand alone). Schools are responsible for ensuring consistency and standardised outcomes across their specialties. Lay representation will be co-ordinated centrally by HEE-NW. Where multiple panels occur on one day, the lay representative should be free to rotate around all panels but should focus on the more complex outcomes. For smaller specialties and panels, internal HEE-NW staff should be utilised to provide lay representation wherever possible.

The role of the lay representative at assessment panels is to ensure consistency of process within the 10% samples and across HEE-NW. At feedback panels, the lay representative should be actively involved as a panel member, making contributions to dialogue and ensuring fairness to trainees. The lay representative should not be asked to judge whether the trainee has made satisfactory progress or whether the outcome awarded is appropriate.

Specialties should use an external trainer from within the specialty, but from outside the training programme or school, to also review at least 10% of their ARCP outcomes. In General Practice, the ARCP process is reviewed and evaluated by nationally appointed Educational Advisors as part of the Royal College's quality management of GP training.

All members of the panel (including the lay members and those acting as external members) must be trained for their role. This includes training on fitness to practise and equality and diversity issues and should be refreshed every three years. HEE-NW will provide training on the role of the lay to all lay representatives.

The decision taken by the assessment panel relating to the outcome awarded should be recorded on the assessment panel pro-forma as well as the ARCP Outcome Form. This pro-forma, along with the ARCP Outcome Form, is the only paperwork requiring completion following an assessment panel (except for Academic Trainees, where the Report on Academic Trainees' Progress form should also be completed). Detailed notes are only required to be taken at a feedback panel. The only paperwork required to be stored in the trainee file is the ARCP Outcome Forms (including the supplementary form for trainees receiving an unsatisfactory outcome and the supplementary information for the GMC form), the assessment panel pro-forma and any notes taken on the feedback panel pro-forma. Copies of WPBAs and educational supervisor's reports should be stored in the trainee portfolio.

As the assessment panel and feedback panel together make up one assessment period, feedback panels should not take place any later than one month after the assessment panel. Any assessment outside of this one month period should be counted as a new formal assessment. It is recommended that both panels take place on the same day to avoid unnecessary delays in the issuing of ARCP outcomes. Feedback panels should not be delayed due to awaiting examination results (see Appendix 3 for further explanation on issuing outcomes when awaiting examinations).

In exceptional cases, it may be necessary for the feedback panel to overrule the decision of the assessment panel and issue a new outcome. However, this should be in exceptional cases only, for example, where trainees have extenuating personal or educational circumstances that were not previously known or discussed at the assessment panel. These could include health issues, personal bereavements or serious issues with their training environment (see Appendix 2 for examples of exceptional cases).

Where a final year assessment is being considered remotely, a panel of 3 consultants should be set up. This should be the TPD and two other consultants from the specialty. Each panel member must check that all targets have been met as well as the final year ARCP decision aide requirements. The final outcome can be issued within 3 months of the CCT date.

It should be noted that in order to successfully demonstrate progression, trainee portfolios must reflect completion of the required number of WPBA's at regular intervals over a 12 month period. WPBA's completed over a short space of time, relatively close to the ARCP panel, may be judged not to have met this requirement.

The ARCP panel chair is responsible for capturing any comments made concerning the quality of the educational supervisor report. PSMs should then work with their Heads of School to feedback any concerns to the TPD for the individual specialty or directly to the educational supervisor within General Practice. The ARCP panel chair should also ensure that any issues that require the attention of the Responsible Officer (Postgraduate Dean) are noted at the feedback panel.

Consultant/GP supervisors must declare an interest if their own trainees are being considered by a panel of which they are a member and where there are concerns should withdraw temporarily from the process whilst their trainee is being considered.

All ARCP panels must take place in a confidential environment and should not include multiple feedback panels within one room.

5. The ARCP Process & Revalidation

Whilst the ARCP assessment will be the vehicle for the revalidation of trainee doctors, it should be noted that these processes are not interdependent. Revalidation is a process which all doctors must undergo and is solely concerned with an individual's Fitness to Practise. The ARCP process is concerned with educational performance and the achievement of competences in relation to a specialty training programme curriculum. The ARCP provides advice to the Postgraduate Dean, in their role as Responsible Officer, about revalidation of the trainee to enable the Responsible Officer to make a recommendation to the GMC. (Gold Guide 4.35 viii)

There are 6 types of supporting information that doctors will be expected to provide in their portfolios and discuss in their annual appraisals in relation to revalidation, as listed below:

1. Continuing Professional Development
2. Quality Improvement Activity
3. Significant Events
4. Feedback from Colleagues
5. Feedback from Patients (where applicable)
6. Review of Complaints and Compliments

The ARCP panel will review the supporting evidence in line with the specialty curriculum, issuing trainees with either a satisfactory or unsatisfactory outcome. In addition, the panel will also be asked to review the self-declaration from the trainee (the Form R), any comments from the educational supervisor in relation to revalidation issues, and any relevant exit and exception reports from the trainee's employing organisation. The previous year's outcome should also be reviewed to ensure any unresolved issues have been resolved and reflected upon. At the end of the ARCP, the panel will be asked to make a decision as to whether it believes there to be any revalidation concerns in relation to individual trainees. At the end of a trainee's final ARCP all past outcomes should be checked to ensure there are no outstanding unresolved issues prior to recommendation for revalidation.

At the point of revalidation, the Responsible Officer will have three options in making a recommendation. These are:

1. Recommendation to revalidate
2. Recommendation to defer
3. Recommendation of non-engagement

It should be noted that an ARCP outcome is not directly related to the recommendation for revalidation. For example:

A trainee who has completed training through achievement of all necessary competencies will be issued with an Outcome 6 at ARCP. Providing there are no on-going clinical governance concerns the Responsible Officer will be able to make a positive revalidation recommendation at this point. However, if a trainee has achieved all the necessary competencies but has an on-going fitness to practice issue, they can still be issued with an Outcome 6 but their revalidation recommendation will need to be deferred until the conclusion of the GMC investigation.

Alternatively, a trainee can receive an Outcome 4 at ARCP and be released from training due to repeated exam failure. However, provided there are no concerns about the doctor's Fitness to Practice, this outcome should not, in itself, prevent the Responsible Officer from making a positive revalidation recommendation.

6. ARCP Resources

The following appendices are available to aid the panel process:

- Appendix 1: Guidance on outcome forms to be issued
- Appendix 2: Guidance on exceptional extenuating circumstances when considering outcomes
- Appendix 3: FAQs: guidance for panels when issuing outcomes
- Appendix 4: The Academy of Medical Sciences: Guidelines for monitoring clinical academic training and progress
- Appendix 5: ARCP Audit Pro-forma

The panel chair and/or PSM will brief panel members on the protocol for carrying out the ARCP at the beginning of each session and make available copies of the ARCP protocol and all appendices, including guidance on issuing outcomes. The ARCP process is evaluated annually and the HEE-NW office education team member who supports the panel will complete the audit pro-forma (Appendix 5).

7. Reviews and Appeals

All trainees who receive an outcome from a panel indicating further training is required or that they be released from a training programme will have had an opportunity to discuss the findings with the panel or a senior educator involved in the training programme. On receipt of the outcome they have the right to request a review or appeal.

Reviews

Trainees who receive Outcome 2 (further training or supervision is needed but additional time is not required) have the right to request a review. This request should be made to the relevant PSM within 10 working days of receiving written confirmation of the outcome. The trainee must supply supporting evidence for the request and this may include additional evidence (e.g. evidence of mitigating circumstances or other evidence relevant to the original panel's decision). The PSM will administer the review process on behalf of the panel Chair, which will take place within 15 working days of receipt of the review request. The PSM will endeavour to include as many original panel members as possible, although the review can be undertaken virtually. The panel can confirm or change the outcome and it will ensure that the trainee receives its decision, with the reasons, in writing. If the panel considers it appropriate, it may invite the trainee to meet with them or a senior representative to discuss the decision of the review. (Gold Guide 4.130, 4.133, 4.134)

The decision of the review of Outcome 2 is final and there is no further appeal. The review should not impose an increased sanction on the trainee. In such circumstances where new information has come to light that may inform such a decision, these issues will be brought to the attention of the Postgraduate Dean.

Appeals

Trainees 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. This request should be made to the Postgraduate Dean within 10 working days of receiving written confirmation of the outcome. The Programme Support Business Manager will administer the appeals process, which has two steps:

Review: if the trainee accepts the outcome of the Review, this completes the process.

Appeal: If the trainee does not accept the findings of the Review, then they should inform the Postgraduate Dean in writing within 10 working days of the Review meeting taking place. HEE-NW will then convene a formal separate appeal panel. This is the final internal appeal process.

(For more information see the Formal ARCP Appeals Process Guidance)

8. Infrastructure

Each ARCP panel will require:

- Administrative support, co-ordinated via the PSM/PSC
- IT access for each panel member to be able to review portfolios individually, i.e. workstations or laptop computers, with fast internet access
- Projection facilities so panels can view a single portfolio jointly
- A meeting room with space for IT facilities as above and table and chairs for interviewing trainees, if required

Where specialties continue to assess paper portfolios and multiple copies of other documentation, consideration should be given to holding the ARCP panels on HEE-NW premises to ensure security of information and to address moving and handling concerns for HEE-NW staff.

9. References

The Academy of Medical Sciences (2011) Guidelines monitoring clinical academic training and progress: A guide for trainees, supervisors and assessors

Department of Health (2010) A Reference Guide for Postgraduate Specialty Training in the UK: The Gold Guide: 7th Edition January 2018