

Name of Document	ARCP
Category	Standard Operating Procedure (SOP) - Trainee Management
Purpose	<p>This document is one of a suite of Standard Operating Procedures to support the management of doctors in training across England. This SOP is aligned to the principles of 'A Reference Guide for Postgraduate Specialty Training in the UK' (The Gold Guide). This SOP does not apply to Foundation and Dentistry trainees who are managed under separate Guides ('The Foundation Programme Reference Guide' and 'A Guide to Postgraduate Dental Specialty Training in the UK').</p> <p>Within the SOP, whenever reference is made to the Postgraduate Dean, it refers to the Dean or their nominated representative who will be responsible for managing the process on their behalf.</p> <p>This SOP is intended to be a guide to encourage consistency of practice across England. Due to the complex nature of Postgraduate Medical Training, there will be occasions where local PG Deans will apply their discretion in enacting this SOP to take account of individual circumstances and varying local structures (e.g. Lead Employer).</p> <p>This suite of SOPs will be screened against relevant Equality and Diversity documentation.</p>
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Document Author	HEEDs

Version	Date	Author	Notes Reason for Change, what has changed, etc
1	27/06/2017	HEED	Document sign off at HEED

Related Documents

Gold Guide Version 6 <https://www.copmed.org.uk/publications/the-gold-guide>

Standard Operating Procedure - Principles for Training of ARCP and ARCP Appeals Panel Members and Chairs

Standard Operating Procedure – ARCP, Standard Operating Procedure, Revalidation

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Introduction

This document contains the Standard Operating Procedure that all HEE Postgraduate Deans (PG Deans) should follow. Whenever reference is made to the PG Dean, it refers to the PG Dean or their nominated representative who will be responsible for managing Annual Review of Competence Progression (ARCP) on their behalf.

This SOP outlines how the management and administration of ARCP Panels should be approached for all doctors in Postgraduate Specialty Training (including General Practice). The SOP is aligned to the principles outlined within the “A Reference Guide for Postgraduate Specialty Training in the UK” (The Gold Guide). ARCP for Foundation trainees have a separate SOP as per the UK Reference Guide.

The ARCP provides a formal process to review the evidence gathered by the trainee, relating to his/her progress in the training programme. It enables the trainee, the PG Dean and employers to document that the competences required are being gained at an appropriate rate and through appropriate experience. It is also the annual review process through which trainees meet medical revalidation requirements across their full scope of practice. Further details of which can be found in the Revalidation SOP.

This ARCP is normally taken on at least an annual basis for all trainees, both full time and less than full time.

The SOP is divided into three sections:

1. Administration before the ARCP day
2. Administration on the day
3. Administration post ARCP

1. Preparation before the ARCP day

1.1. Confirm dates and venues

- a. ARCP reviews should be set approximately 6 weeks from the rotation date to provide the maximum training time to achieve competences for training levels and placements, whilst at the same time leaving enough time to allow for changes in allocations to accommodate unexpected review findings.
- b. To provide trainees with the maximum amount of notice for preparing their evidence, ARCP dates should be set a year in advance so that trainees can be informed at induction.
- c. ARCP dates should be published on appropriate local webpages. It would be good practice to also provide expectations for each training level and a copy of a typical ARCP invitation to trainees.
- d. Venues are chosen based on: convenient access for panel members; appropriate room numbers and size for panels; budget constraints; adequate IT facilities, parking facilities, and costs that will be incurred by panel members and trainees.
- e. If trainees are to attend for feedback, a separate ‘waiting room’ may be required depending on available facilities.

1.2. Ensure trainees and trainers are aware of the ARCP date and requirements

- a. At induction, trainees should be informed of ARCP dates and alerted to the expectations for ARCP which will include the need to have completed and validated all necessary work place based assessments (WBAs) for the level of training being completed.
- b. Trainees should also be instructed at induction that continuous acquisition of validated and satisfactory WBAs is required throughout the year, not just in the weeks immediately prior to ARCP.
- c. Trainees are to be informed that they may have less than a full year (whole time equivalent) to achieve expectations for their level, as evidence will be required for ARCP which will take place before the year end.
- d. Assigned Educational Supervisors (ES) will be informed of the date of the ARCP at least 6 weeks in advance and must ensure that the trainee has submitted a report, which should be discussed with the trainee at least 2 weeks prior to the ARCP.
- e. Other training faculty (as appropriate to the Specialty) should be made aware of ARCP dates.
- f. ARCP teams may wish to meet with TPDs beforehand to discuss the requirements of the ARCP.

1.3. Secure ARCP panel members

- a. Panel members (including the Chair) are confirmed for the ARCP in accordance with Gold Guide requirements. Note that consultants require at least 6-8 weeks' notice.
- b. Four clinicians should normally be confirmed to sit on a panel in case a member cannot attend at short notice or happens to supervise the trainee being reviewed. Educational and Clinical Supervisors may not participate in the decision making process for any trainee they supervise.
- c. If there is a possibility a trainee may receive an outcome which may lead to extension to their training or termination of training, then the postgraduate dean or nominated deputy should be present at the panel.
- d. Lay and external representatives are required to review at least a random 10% of outcomes and evidence supporting these, plus any recommendations from the panel about concerns over progress.
- e. In order to meet the requirement of reviewing all trainees who have not progressed satisfactorily, lay representatives and external panel members may need to be invited to remotely review some of the outcomes. Video conferencing should be used to help facilitate attendance.
- f. The Defence Deanery should be invited to send a representative for any military trainee having their progress reviewed.
- g. Video conferencing should be offered to help facilitate attendance of both external and military representatives.

1.4. Agree the ARCP timetable

- a. The date of the trainee's next review will usually have been indicated at the previous ARCP. A timetable should be drafted to determine which trainees are due an ARCP. To meet revalidation requirements there should be no longer than 15 months between each ARCP and 5 annual reviews should occur in a standard 5 year revalidation cycle.
- b. Information may have been received in the period since the trainee's last review which may alter the expected date by which the next ARCP is due. A number of factors can delay the expected ARCP date, e.g. long term ill health or if concerns have been raised regarding a trainee's progress. In addition, there could be a situation whereby an ARCP date needs to be brought forward, e.g. if training time needs to be reviewed before maternity or resignation dates.

- c. Draft timetables should be finalised with the Training Programme Director (TPD) in charge of ARCPs for the relevant specialty.
- d. ARCPs should normally be ordered to group the same themes and level of trainee together as this helps ensure that panel members with the appropriate knowledge of the specialty are available to review the evidence.

1.5. Invite trainees

- a. At least 6 weeks from the date of the ARCP taking place, trainees must be invited to submit their evidence and be advised to make themselves available for feedback and discussion at their specified appointment time (should they be required to meet a panel representative).
- b. Emailed instructions should link readers to checklists and revalidation requirements published on webpages to help ensure that information remains current and accessible at all times.
- c. A spreadsheet of trainees could be used to mail merge and send invitations to help ensure consistency of information communicated.
- d. The local revalidation team should be notified 3 weeks prior to the ARCP, to ensure that relevant information can be available in time for the ARCP panel.

1.6. Provide instructions to panel members

- a. An instruction email should normally be sent to the panel member to inform them of the following:
 - i. Training requirements and links to panel training
 - ii. Date and start time of panel briefing
 - iii. Venue and travel arrangements
 - iv. Timetable of day's events
 - v. Any portfolios that need to be reviewed ahead of the panel meeting
 - vi. Link to what they need to complete (checklists, Lay and external reports)
 - vii. A courtesy note to thank them for attending, to make every effort to arrive on time for the start of the Panel and if running late on the day to get in contact as soon as possible
 - viii. Any additional evidence for the panel which have been shared with the trainee but are not available on the portfolio (ideally these should have been shared with the ES, feature within the ES report and have been added in the trainee's eportfolio for reference)
- b. Once panel members are aware of the portfolios they are reviewing, it should be arranged for individuals to have the necessary permissions to allow access for members to view evidence.
- c. When accessing the portfolio, the review period should be entered to account from the day after the last ARCP date and should go up to the date of the present review.
- d. It is good practice for the panel to be allocated to review either the entirety of a trainee's submission or elements of the cohort's submission (e.g. research and audit, log book or WBAs progression) in advance.
- e. Ideally panels will use decision aid provided by the Royal College, if available

1.7. Final preparations

Consider and make arrangements for all equipment/supplies that will be required on the day, e.g. refreshments/catering, documentation required, contact details of all expected attendees, pens, note pads, laptops and Wi-Fi codes. Etc.

2. On the day

2.1. Prepare the room

- a. An adequate number of laptops (connected to the internet) should be available.
- b. When laying out the room, the tables should be arranged to ensure good visibility to any projected screens.

2.2. Ensure the panel are briefed

- a. Panel members should normally arrive 30 minutes before the commencement of the first review to attend a briefing.
- b. The chair's briefing should cover the following points:
 - Welcome and Introductions
 - Alterations to panels
 - A check that all panel training has been completed and necessary preparations completed
 - Recap on purpose of panel: *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 ES, documenting assessments (as required by the specialty curriculum) and achievements. 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 completed. To review the revalidation-relevant information and make a decision whether or not there is any ongoing concern about a trainee's fitness to practise.*
 - A recap of the review process expected from the panel members (e.g. use of checklists, and college decision aids). NB: The approved specialty curricula and assessment systems make clear the competences which are required to be achieved by the end of each stage of training, including examination success. However, these stages may currently be described in broad terms. While some colleges and specialties have produced detailed decision guides for assessing the evidence at ARCP, some have not. This may make it difficult to assess objectively whether a trainee has achieved sufficient competences to progress from year to year within each of these stages on an annual basis as required by ARCP.
 - Changes to college/school curricula requirements and assessment strategies. Recap on indicative numbers for training levels if used.
 - Panel roles and required contributions during the review:
 - Who is reviewing what / which trainee and who is leading on delivering review findings and steering the panel through the evidence?
 - Who is writing up ARCP findings in ARCP outcome forms?
 - Particular trainee/training concerns that may need the panel's focus.
 - Discussion and a decision regarding revalidation Y/N and details where the panel require RO referral

2.3. Conduct the review

- a. Curricula/checklists or other relevant ARCP documents are normally used by Panel members to ensure both the quantity and quality of information expected from a progressing trainee is present in the portfolio for the specialty and level of training being assessed. The assigned

leading panel member / chair should systematically recount their personal review of the evidence.

- b. As a collective, the panel will review particular evidence as necessary in a bid to gain a consensus of opinion regarding the outcome and actions required.
- c. An in-depth collective panel review should be carried out to assure the panel chair of the consistency of reviews led by new panel members, and for trainees where there are concerns regarding progression.
- d. Lay and External representatives are to be asked if they are happy with the review process, the outcomes and the recommendations being made and to ask whether they have questions that need clarification or whether they would like to see more evidence.
- e. Any completed reports/checklist(s) from the panel member(s) should be collected and retained on that trainee's record as part of the audit trail for the decision being made. It is possible for the findings of the lead panel member's checklist to be different from the final recommendation released to a trainee. The panel member's checklist findings will not normally be released to the trainee unless requested through a Direct Subject Access Request.
- f. The panel chair will confirm and ensure the following information is documented:
 - o the outcome,
 - o reasons why it has been awarded,
 - o additional time to be awarded (if applicable),
 - o specific competences/skills to be developed,
 - o recommended further actions (to include remedial and reasonable supporting measures)
 - o Positive affirmation that there is no ongoing concerns about a trainee's fitness to practice or indication that there is through ticking the appropriate box and providing necessary details.
- g. If required, the ARCP paperwork should clearly explain exactly what improvements in performance are required, what additional evidence is needed, and by when. The more clarity at this point, the better informed and more effective the planning can be for the next stage of training.
- h. Within the further actions notes, if the trainee has received an outcome indicating unsatisfactory progress, the trainee should be invited to meet with a representative of the Postgraduate School to discuss the outcome.
- i. The content of the outcome form should be reviewed and confirmed by all panel members before it is released to the trainee.
- j. Unsatisfactory outcomes should not normally come as a surprise to trainees.
- k. The outcome form should be completed fully and accurately, and where an unsatisfactory outcome has been issued, the reasons for the outcome must be explained on the form. Where there is sufficient concern that future failure to achieve educational targets may result in an outcome 4 being issued, this should be stated explicitly in the documentation.

2.4. Panel De-Brief

- a. It is good practice to hold a de-brief with panel members at the end of the session. This should ensure that actions from the day are clear, including implications for trainee allocations.
- b. The de-brief should provide further opportunity to gather feedback on how the process could be developed and provide opportunity to discuss information gathered on the performance of trainers and the training scheme which may need to be developed.

3. Post ARCP

3.1. Meeting with trainees

- a. The detail will be guided by the specific protocols of the specialty; some specialties may wish to meet with all trainees following the panel, others will only meet with those in receipt of an unsatisfactory outcome.
- b. Meetings must only take place after the outcome has been decided by the panel.
- c. Meetings with trainees are not used as a vehicle to change the decision of the ARCP outcome. The meeting is intended to communicate the outcome of the ARCP in a supportive manner.
- d. Ideally the trainee's ES should not attend the feedback meeting as their presence may inhibit the conversation.
- e. A panel representative (normally the Chair) is required to meet with all trainees who have made unsatisfactory progress. The principle of the meeting is to ensure that the trainee understands the outcome and actions required and has the opportunity to discuss reasons for the lack of progress and support that will help.
- f. The panel representative should:
 - refer to the ARCP paperwork that has been completed at the review to provide clear reasons as to why the outcome has been awarded and the actions that need to be undertaken. This will form the basis of the action plan.
 - summarise what has been achieved and clearly state what further evidence of progression will need to be captured for the next review
 - ask the trainee if they understand the outcome and inform them of their right to have the decision re-reviewed/appealed
 - ask for mitigating circumstances that may need consideration and remedial support or action
 - enquire whether other reasonable support or adjustments can be made for their next period of training
 - provide the trainee with guidance on outcomes and follow-up steps

3.3. Data entry

- a. It is important for ARCP outcomes to be accurately recorded on the relevant data system.
- b. It is good practice for the content of the database and the portfolio and letter notes to be copy and pasted to exactly match on all records.
- c. There is no need to record ARCP outcomes in hardcopy if the trainee is signing off the outcome and notes through an electronic portfolio. Hardcopy ARCP forms and signatures may be required if there is no other method of sign off by the trainee.
- d. Any changes to information contained in the Form R ie email address, phone number etc should be amended on the trainee database.
- e. Where a trainee is 'Not Assessed' i.e. due to maternity/sick leave, the reasons for this should be clearly stated on the database and on the ARCP outcome form.

3.4. Sending the outcome and actions required

- a. As soon as possible, and normally within a maximum of 5 working days of the ARCP date, trainees in receipt of an unsatisfactory outcome should be informed of their outcome and the date when they will need to meet the panel representative (if this meeting has yet to take place).
- b. As soon as possible, and within a maximum of 5 working days of the ARCP date, trainees in receipt of an outcome 5 should be informed of their outcome and the deadline for submission of requested documentation.

- c. Within 2 weeks of the ARCP date, all remaining trainees should have been informed that their outcome has been awarded and that the ARCP outcome form is available.
- d. Trainees should be provided with relevant guidance for the outcome received.

3.5. Informing stakeholders of outcomes and follow-up actions required

- a. Information should be sent to an appropriate contact within the Local Education Provider. The letter should contain the same content as that released to the trainee.

3.6. Ratifying Action Plans

- a. Action plans should normally be agreed by the trainee within 2 weeks of discussing the outcome with the panel representative.
- b. Action plans need to be 'SMART' to enable the trainee to have the best opportunity to progress deficient competences/skill and access the necessary support.

3.7. Reporting

- a. Reporting to the Employer: The employing organisation (where a lead employer model is in place) should be informed of all changes made to CCT dates so that contract extension can be made. Such information should provide an additional summary for employers to cross reference with to ensure their records are up-to-date.
- b. Reporting to the Revalidation Team: The revalidation team should be informed of any changes to CCT date, concerns regarding revalidation and other job declarations made within the scope of practice. All revalidation information for Military trainees is to be sent across to the Military revalidation team.
- c. Reporting to the Defence Deanery: It will be the norm for a member of the Defence Deanery to sit on the panel of any military trainee. In addition, as per the Memorandum of Understanding between HEE and the Defence Deanery, "Within 30 days of the ARCP the HEE local team will provide appropriate and relevant information to the Responsible Officer (DPMD) to enable the Defence Deanery to fulfil its responsibility to revalidate individual trainees. This includes a copy of the ARCP outcome form".