**Yorkshire and the Humber**

**School of Paediatrics**

**Annual Review of Competence Progression Standard Operating Procedure**

***Version 8 – 2019***

**List of abbreviations**

ACAT Acute care assessment tool

ACF Academic clinical fellow

ACL Academic clinical lecturer

AD Associate dean

ARCP Annual review of competence and progression

CBD Case based discussion

CCT Certificate of completion of training

CEX Assessment of Clinical examination

CS Clinical supervisor

CSTR Clinical supervisor’s trainer’s report

DiD Doctor in difficulty

DOPS Directly observed procedure

DOC Document of correspondence

DME Director of Medical Education

DVH Don Valley House, Headquarters of Health Education England Yorkshire and Humber South

ES Educational supervisor

ESTR Educational supervisor’s trainer’s report

FT Full time

F2F Face-to-face ARCP

GPC Generic professional capabilities

HAT Handover assessment tool

HEE Health Education England

LTFT Less than full time

MSF Multisource feedback

NTN National training number

PDP Personal development plan

PGD Postgraduate Dean

PST Programme support team

SLEs Supervised learning events

SMART Specific, measurable, achievable, relevant and time-bound

SOP Standard operating procedure

ST Specialty trainee

TPD Training programme director

**CONTENTS**

Foreword

Executive summary and Updates

1. Introduction to ARCPs
2. Planning and preparation for routine ARCPs

1. Procedure for routine ARCPs (Outcome 1,6,5 or 2)
2. Procedure for anticipated adverse outcome ARCPs (outcome 2, 3 or 4)
3. Deciding ARCP Outcomes
4. Non-standard Outcome ARCP flowchart
5. Guidance on support and assessment after adverse outcome ARCPs
6. Post Non-Standard ARCP Outcome Follow Up
7. Applying for early CCT
8. Doctor training with an amended working pattern

***Supporting documents (separate documents on*** [***HEE Y&H website***](https://www.yorksandhumberdeanery.nhs.uk/paediatrics/assessment__appraisal/arcp)***):***

ARCP e-portfolio review tools for level 1, level 2 and level 3

**Foreword**

This Standard Operating procedure (SOP) for the conduct of the Annual Review of Competence Progression (ARCP) in the Yorkshire and the Humber region is published by the School of Paediatrics.

This SOP works in conjunction with the ARCP Operational Guidance Health Education England working across Yorkshire and the Humber published in 2019 and is not meant to duplicate information.

The guidance in this document is from the sources below:

1. A Reference Guide for Postgraduate Specialty Training in the UK. **The Gold Guide**. 7th Edition. Version GG7 31st January 2018
2. **ARCP Operational Guidance** Health Education England working across Yorkshire and the Humber. Date issued 2nd July 2019
3. RCPCH Progress Paediatric curriculum for excellence **Assessment Strategy** Paediatric Specialty Postgraduate Training Version 1. (For implementation from 1st August 2018)

This SOP was first published in August 2018 and was revised in October 2019. It will be revised annually and will be published on the School of Paediatrics website.

*Dr Rum Thomas*

Training Programme Director in Paediatrics, Health Education England Yorkshire and the Humber

May 2019

*Dr Chis Vas*

Training Programme Director in Paediatrics, Health Education England Yorkshire and the Humber **Executive summary and updates since 2019**

All Speciality Trainee (ST) doctors in the School of Paediatrics Training Programme will have an annual review of their progress in training at an ARCP. The ARCP will be completed annually as is timed to happen within the last two months of each training year for doctors in full time training. It is timed to happen annually and roughly one to four calendar months before the end of each training level for doctors in less than full time training.

ARCP panels will assess the ST Doctors progress in the RCPCH domains via the assessments, MSF, supervision reports and entries in their development log. The e-portfolio is largely led by the ST Doctors, all assessments and trainer’s reports are initiated by the ST Doctors. The system of tagging all entries to the RCPCH curriculum domains has made it possible for the training period of interest to be reviewed via the trainee led Progress educational supervisor’s trainer’s report or the ARCP form.

***Evidence required for ARCPs:***

* Mandatory evidence – Form R, GMC survey receipt and completed CCT tracker.
* Mandatory SLEs and MSF as per RCPCH guidance.
* Evidence of regular supervision meetings with clinical and educational supervisors.
* Clinical supervisor’s trainers reports for all the posts since the most recent ARCP including the current post if your ARCP is held past the mid-point of the 6 month clinical placement.
* Educational supervisor’s induction meeting, mid-point review and trainer’s report.

**1. Introduction: Standard Operating Procedure for Paediatric ARCPs in Yorkshire and the Humber**

This document sets out the Annual Review of Competence Progression for the School of Paediatrics in Yorkshire and the Humber. There is generic guidance on the ARCP process in the Gold Guide (January 2018) and ARCP Guidance from HEE (Y&H) July 2019.

If there is any concern about a trainee’s progress, their e-portfolio must be reviewed by an adverse ARCP outcome (outcome 2, 3 or 4) panel.

* + 1. **Planning for ARCP:**

Commence planning for ARCPs in August for the next year.

Ensure that an updated ARCP Standard Operating Procedure and ARCP review tools are published on the School website

|  |  |
| --- | --- |
| Summer panels | 18 routine (remote) panels (16 doctors/ panel), 8 face-to-face panels (12 doctors/ panel) |
| Winter panels | 7 routine (remote) panels, 4 face-to-face panels |
| Monthly panels | End of training year ARCPs for less than full time (LTFT) doctors, before break from training for OOP, after each MRCPCH examination result is announced, and adverse outcome ARCP panels for doctors in difficulty |

Aim for 10% panels for outcome 1, 2, 5 and 6 to have this constitution for quality assurance:

1. Two TPDs per panel to ensure consistency amongst panel chairs
2. An External panel member (College representative)
3. A Lay Advisor

All panels that issue outcome 3 or 4, or are undertaking a review of an outcome 2 to issue any outcome that is not 1 or 6 must have an Associate Dean and Lay Advisor.

**1.2 Timings of ARCPs**

* All doctors in training must have an annual (every 12 calendar months) ARCP. For doctors in full time training the annual ARCP will be at the end of each training year.

**1.3 Timings of ARCPs: doctors in less than full time training**

* Doctors training less than full time must have an *annual ARCP (every 12 calendar months),* and additionally an *end of training year ARCP.*

|  |  |  |  |
| --- | --- | --- | --- |
| **% Time training** | **Months covered at 12 month review** | **Timing of routine annual ARCP** | **End of training year ARCP (approximate timings)** |
| 100% | 12 months | Approximately 12 monthly | One ARCP per training year |
| 90% | 10.8 months | Approx. 13.3 months (57.7 weeks) | One ARCP per training year |
| 80% | 9.6 months | Approximately 15 months (65 weeks) | One ARCP per training year |
| 70% | 8.4 months | 12 months after start of training year | 5.14 months after annual ARCP |
| 60% | 7.2 months | 12 months after start of training year | 8 months after annual ARCP |
| 50% | 6 months | 12 months after start of training year | 12 months after annual ARCP |

**1.4 Timing of ARCPs: doctors who are Out of Programme (OOPC/E/R)**

* An ARCP must be completed before any doctor takes a break from training for OOP. This is scheduled when the doctor gives notice for OOPE/R. This may not always be possible for OOP for parental leave or long term sick leave as prior notice may not be given.
* After return to work, a non-assessment ARCP form is completed for the period out of training. The next ARCP to review training will be 12 months calendar months after their previous ARCP which reviewed training ***or*** at the end of the doctor’s training year – whichever is earlier.
* ARCPs are not undertaken when a doctor is not in training (OOPC/E/R or long term sick leave). A non-assessment for is completed (ARCP outcome 0 with an appropriate N code).

**1.5 Request for early ARCP for “acceleration through training”**

* If a doctor wishes to complete a training year earlier than the expected date, s/he should discuss this with their educational supervisor, who, if in agreement, will liaise with the TPD to request an ARCP. The TPD will arrange an early ARCP if there is evidence of progress exceeding the expected standard.
* Refer to early CCT document

**2. PLANNING AND PREPARATION FOR ROUTINE ARCPS:**

**2.11 Planning by Doctors in training:**

* Aim to use your e-portfolio as an on-line “learning log” – evidence of gaining competences: SLEs and entries in the development and skills must be **spread out through entire training period** demonstrating up-to-date learning in the e-portfolio – see guidance on maintaining an up to date e-portfolio
* SLEs completed in a short space of time, relatively close to the ARCP may be judged to demonstrate lack of engagement and to not therefore be satisfactory progress
* Use ARCP e-portfolio review tools on HEE Y&H website to review your e-portfolio and ensure that your evidence is complete **before the deadline** for ARCPs.
* Ensure your PDP is completed, if not completed state your plans for completion of your PDP
* Ensure your supervision meeting reports are completed – you must initiate them
* Create “**ARCP yyyy**” folder in Documents section in e-portfolio and upload the following ***mandatory*** evidence to it:
  + Completed and signed Form R part b - pdf version
  + Evidence of participation in GMC training survey
  + If you are undertaking OOPE – annual OOP report form and supervisor’s report
  + If you are undertaking OOPR – annual OOP report form, and research supervisor’s report indicating that appropriate progress is being made
  + If you are undertaking OOPC – if continuing OOPC – a yearly OOPC request, indicate your intended date of return to work

Also present the following evidence which is essential for the panel to make a robust assessment of your training:

* + Completed CCT date calculator with start and finish dates of posts and % training
  + Completed ARCP review tool – signpost where evidence for each skill is placed – state the date and section of e-portfolio e.g. SLE, dev log section – clinics/ teaching
  + Any other relevant evidence pertinent to your training that is important to consider whilst assessing your progress
  + Requests for change of CCT date if any

**2.12 Planning by Clinical Supervisors:**

* Complete clinical supervisor’s trainer’s report (section 18.4).
* Highlight ***any areas identified for development*** if a doctor needs additional training/ support. These doctors may need invitation to face-to-face ARCP panel meeting to review their progress and set SMART objectives for training – please inform their educational supervisor and local TPD.

**2.13 Planning by Educational Supervisors:**

* Complete educational supervisor’s trainer’s report (essential for ARCP) (section 18.5)
* Has the personal development plan and feedback from MSF, SLEs, START (if applicable) and previous ARCP (if applicable) been addressed?
* Highlight ***any areas identified for development*** if a supervisee needs additional training/ support. These doctors may need invitation to face-to-face ARCP panel meeting to review their progress and set SMART objectives for training – please inform the local TPD.
* If the doctor is at a “gateway point”, i.e.; the point of training where they should be transitioning from level 1 to level 2 (***ST3***), level 2 to level 3 (***ST5***), comment on whether they have achieved the competences to finish the level.
* If the doctor is at the ***end of ST7*** comment on whether you think they are on track to finish training by the date of their CCT. Please set clear objectives for what they need to achieve to complete training successfully.
* If the doctor is at a the ***end of ST8*** comment on whether they have achieved the level 3 competences to a satisfactory standard to be signed off as eligible to enter the specialist register.
* If the ***doctor is achieving competences at a more rapid than expected rate*** and is clearly performing at a higher ST level than their current training year indicate whether they may allowed to accelerate through training and shorten their period of training.

**2.14 Academic Supervisors:**

* Complete a report on academic progress (Gold Guide appendix 5) one week before the ARCP deadline, also note clinical achievements.

**2.15 Planning by Training Programme Directors:**

* ARCP “road shows” at Local Education Providers – meet clinical and educational supervisors and provide updates on educational supervision and the ARCP process – March/April.
* Send names of known ST doctors who may need additional support/ training to attend an face-to-face ARCP panel to PST 8 weeks before each routine round of ARCPs.
* Send PST names of doctors who are awaiting gateway-point exam results to plan ARCP after results are ready.
* Liaise with educational supervisors of doctors who need additional support/training or the doctors themselves before the face-to-face ARCP to advise them of the ***likely*** ARCP outcome; clarify that the ARCP panel will decide the ARCP outcome and set SMART objectives for training.
  1. **Planning by Programme Support Team:**
* Notify the doctors and educational supervisors eight weeks before the ARCP, advise the date of the deadline to present evidence in e-portfolio and refer doctors to guidance 2.11 – publish this on the School website.
* Liaise with TPD and HoS to ensure that appropriate external examiner representation is available.

**Paperwork:**

* Prepare ARCP timetables with lists of ST doctors for routine ARCP panels.
* Allocate 5 ST doctors to be reviewed in detail to each panel member.
* Allow the panel members access to the ST doctors’ e-portfolios. Ensure access has been successful one week prior to panel.
* Send paperwork to all panel members four weeks in advance of the ARCP date:
  + Timetable with details of ST doctors and allocated reviewers
  + ARCP e-portfolio review tools for each level
  + Send guidance below – section 2.2 in email to all panel members in email
  + Remind panel members that their Equality and Diversity Training must be up to date (last three years)

**2.2 Preparation by panel before routine ARCPs:**

**2.21 Panel members:**

* Please review the e-portfolio allocated to you, refer to the agenda for the day
* Form opinion about the doctor’s progress and note points for feedback to ST doctor
* Other e-portfolios: read trainers’ reports; any other relevant evidence if concerns noted

***E-portfolio reviews:***

* Use the ***structured 2019 ARCP review tool***.
* Review the most recent ARCP outcome and suggestions for development.
* Read the Educational Supervisor’s Trainer’s Report –summarises all the relevant information.
* Have ***areas for development*** noted by the previous ARCP panel, MSF and START feedback, educational and/or clinical supervisor, and in the PDP been addressed?
* Has the doctor reflected on incidents declared in the Form R (Documents section)?
* If there are concerns about a doctor’s progress, communicate with the other panel members.

**2.22 TPD panel chairs:**

* Review all e-portfolios in detail
* Note and confirm the expected CCT date in CCT calculator
* Fill in ARCP form on e-portfolio, **save as draft** (section 4) - visible to TPD panel chair only
* Complete feedback forms for Educational supervisor’s report
* If it is anticipated that the doctor will need additional training and/or support or an adverse outcome is anticipated – liaise with PST to remove the doctor from the routine ARCP panel agenda and schedule an a face-to-face ARCP and complete a “reasons for invitation” form

**2.3 Preparation by Programme Support Team: paperwork on the day for ARCP panels**

* Please provide guidance and policies:
  + The Gold Guide January 2018
  + Yorkshire and the Humber ARCP Standard Operating Procedure August 2019
* Please provide paper copies for each panel member:
  + Agenda for the day
  + Paediatric ARCP Standard Operating Procedure (this document)

**3. PROCEDURE FOR PANEL ON THE DAY OF ROUTINE ARCP PANEL MEETINGS:**

* TPD to brief the panel on the process and guidance.
* E-portfolio reviewer to present e-portfolio to the panel.
* Panel to review evidence presented and form opinion on the ST doctor’s progress.
* Decide outcome.
* A “routine” panel (without an Associate Dean) may only award Outcomes 1, 6, 5 or 2.
* Complete ARCP outcome form on e-portfolio

**3.1 Decide and issue ARCP outcomes:**

* The ARCP panel will decide an outcome for the general paediatrics training for doctors in general paediatrics in all levels of training.
* Doctors undertaking Grid sub-speciality training:
  + Generic Professional Capabilities ARCP outcome is decided by local ARCP panel
  + Grid sub-speciality ARCP outcome is recommended in the CSAC Progression form

***Principles of deciding ARCP outcomes:***

1. **Evidence:** The decision on ARCP outcomes must be made based on evidence in e-portfolio. Any other evidence (e.g., correspondence) taken into account must be known to the doctor.
2. **OOPE/R:** As OOPE/R is still part of the training programme, non- clinical competences (RCPCH domains: education and training, quality improvement, leadership and management, and research acquired then can potentially count if the evidence is presented in e-portfolio. Clinical experience gained during OOPE will not count as this should be gained prospectively through OOPT. Clinical competences may not be recognised retrospectively for experience gained during OOP.
3. **Finding consensus**: The ARCP outcome decision is made by consensus. In case of disagreement amongst the panel members, the ***panel chair decides the outcome.*** They should represent the interests and rules of the School, carefully consider the advice of the HEE and lay representative, and the other panel members’ views.
4. **Challenges to ARCP outcomes:** Refer to HEE ARCP guidance

**Note CCT date, consider if this should be amended:**

* Competences achieved at a more rapid rate than defined: CCT date may be brought forward after discussion with the doctor
* Time out of training more than 14 days: time may be added to training (set back CCT date)
* Doctors who have requested an early CCT – refer to section 9

**4. PREPARATION AND PROCEDURE FOR NON STANDARD OUTCOME (2,3 or 4) ARCP PANELS:**

**4.1 Preparation by Paediatric Support Team:**

* Invitation to ST doctor (copy to ES): anticipated outcome/s, signpost to ARCP TPD panel chair
* Prepare ARCP agenda for face-to-face ARCP panels
* Allocate ST doctors to each panel member – note on ARCP agenda
* Clinical and educational supervisors must not have a role in deciding the ARCP outcome
* Send paperwork to all panel members two to four weeks in advance of the ARCP date:
  + Agenda with details of ST doctors and allocated reviewers
  + Reasons for invitation to face-to-face ARCP
  + Any supporting evidence – this must be available to the ST doctor
  + Gold Guide and Y&H ARCP SOP, Paediatric ARCP SOP

**4.2 Face to face ARCP panel Chair Training Programme Director**

* Liaise with educational supervisors, and other panel members: inform anticipated outcome(s) with reasons (this ensures efficient and robust decision making during ARCPs)
* Review e-portfolios and prepare draft ARCP form on kaizen (visible to account only)

**4.3 Preparation by panel week before ARCP: form an opinion about the ARCP outcome**

* Please use the structured ARCP review tool to assess the e-portfolios allocated to you – most of the information is available in the Educational Supervisor’s Trainer’s Report
* Refer to previously completed ARCP review tool and the “reasons for invitation”
* Review previous ARCP form and supervision meetings: note the competences to be developed, action plan, assessment strategy and evidence requested for next ARCP
* What evidence is there to demonstrate completion of the action plan:
  + Is there a SMART personal development plan?
  + Are the recommended assessments completed?
  + Is there evidence of achieving the required competences?
  + What is the clinical and educational supervisor’s opinion of the doctor’s progress?
* Note specific competences that need to be developed (if relevant)

**4.4 Educational supervisors**

* + Meet with doctor to advise them of anticipated outcome(s) with reasons and consequences as per the information from the TPD, and record the meeting on e-portfolio

**5. ARCP outcomes - decide which “box” describes the doctor’s progress:**

**Outcome 1**:

**Achieving progress and the development of competences are at the expected rate**

All mandatory evidence present in e-portfolio, **and**

Evidence of developing competences appropriate for the level of training: clinical knowledge and skills, and professional behaviours and attitudes

Evidence is presented throughout the training period reviewed in the form of SLEs, MSF, and entries in the developmental and skills log.

**Outcome 6: Achieved all competences and ready to be awarded CCT**

All mandatory evidence present in e-portfolio, **and achieved all level 3 competencies**

* Clinical supervisor’s trainer’s report: must state that level 3 competences are achieved/ the doctor is ready to be a consultant
* Educational supervisor’s trainer’ report: the answer to the following question must be “yes”: Has this trainee fulfilled Level 3 competencies to a satisfactory standard to be signed off as eligible to enter the specialist register?
* MSF and SLEs: should indicate doctor are performing at the expected level of doctor who is about to finish training/ at a consultant level. There should be evidence to demonstrate that any previously identified areas of concern have been reflected on and addressed.
* START: there must be evidence in the form of SLEs, and entries in the skills and development log that all areas identified for development have been reflected on and addressed satisfactorily
* Evidence of achieving all the RCPCH GPCs and a mature approach to:
  + Clinical practice
  + Professional behaviours and attitudes
  + Engaging in continuous professional development
  + Leadership and management capabilities in service development and improvement, clinical risk, clinical governance and quality improvement activity, education and training, and supporting doctors in training and the multi-disciplinary team
  + Contribution to research/ supporting research

**Outcome 5**:

**Incomplete evidence presented – (additional training time may be required)**

Progress appears to be acceptable *overall,* ***and***

**Less than four items of evidence missing**

This is the first instance the doctor has incomplete evidence in their eportfolio.

It is estimated that all the missing evidence can be provided within four weeks.

Progress is acceptable overall, **and**

Progression to next ST year depends on successful completion of a part of the MRCPCH examination, **and** the examination result will be available in less than 4 weeks.

**Outcome 2**:

**There are** **some competences that have not been fully achieved and need to be further developed and additional training time is not required.**

Progress in clinical skills appears to be acceptable overall, **and** there has been a previous outcome 5 relating to the previous 36 months of training.

This is the **not** first instance the doctor has incomplete evidence in their eportfolio at ARCP.

**Less than four items of evidence missing** (apply discretion for the CSTR and ESTR).

Progress in clinical skills appears to be acceptable overall, **and**

This is the first instance the doctor has incomplete evidence in their e-portfolio.

**More than four items of evidence missing** (apply discretion for the CSTR and ESTR)

It is estimated that the doctor will be able to “catch up” within 3 months, i.e., provide the missing evidence and continue to provide ongoing evidence of developing competences appropriate for their level of training in the form of SLEs, and entries in the developmental and skills log.

**Outcome 3:**

**There are** **some competencies that have not been fully achieved and need to be further developed and** additional training time is required, **and** additional training time is available. If evidence suggests that additional training time will **not** help the doctor to achieve the missing competences, an outcome 4 is appropriate; e.g., concerns regarding professional behaviours and probity. **Prior written warning of the likelihood of an ARCP outcome 4 must have been given at a previous ARCP.**

**Not passed essential exams at gateway points (2 written at end of ST2, clinical exam at end of ST3) and** additional training time is available

**Large gaps in evidence in e-portfolio**

This is the first instance that the doctor has incomplete evidence in their e-portfolio.

It is estimated that the doctor will **not** be able to “catch up” within 3 months, i.e., provide the missing evidence and continue to provide ongoing evidence of developing competences appropriate for their level of training in the form of SLEs, and entries in the developmental and skills log.

**Outcome 4**:

**Insufficient and sustained lack of progress despite having had additional training to address concerns over progress. Prior written warning of the likelihood of an ARCP outcome 4 must have been given at a previous ARCP.**

**There are** **some competences that have not been fully achieved and need to be further developed despite having had additional training to address these concerns**

Additional training time is **not** available **or** additional training time may be available but the panel is of the opinion that this should not be offered as the doctor has not made sufficient progress.

**Failure of engagement with training portfolio on review of outcome 2 if the sole reason for the outcome 2 is failure of engagement with training portfolio**

There must be evidence of:

The doctor has been told and understands the requirements of the training programme.

The doctor has sufficient opportunity to provide the required information/ evidence

The doctor has not acted on these opportunities to provide the required information/ evidence

No reasonable mitigating circumstances that explain the lack of supporting information/ evidence in e-portfolio

**Special circumstances**

Gross professional misconduct and employment contract terminated

Erasure or suspension from medical register

GMC restrictions on license to practice which are incompatible with the training programme

**6. Flow Chart for Doctors with Concerns about Progress in Training/Non-standard ARCP outcomes**

**ARCP Outcome 5**

List incomplete evidence on ARCP form

Inform ST doctor, copy to ES and TPD

Refer to ARCP form: missing evidence & deadline

**Concerns about doctor’s progress in training**

CS/ES meet doctor: identify competences to be developed

CS/ES to liaise with each other and TPD

CS/ES/TPD meet with doctor: plan additional training and support, inform anticipated ARCP outcome

TPD to inform DME /rotation TPD/ (College Tutor as required)

**TPD review e-Portfolio within**

**4 weeks**

Evidence incomplete

Evidence complete

**Is additional training time required?**

**Outcome 3**

**Outcome 2**

**Outcome 1**

**Yes**

**No**

**Face-to-face meeting Non-standard ARCP Outcome panel (AD required for outcome 3)**

Complete F2F ARCP before the end of the training year to allow adjustments to placements

Specify competences to be developed, set SMART objectives and methods of assessment

Recommend additional training required, Explore mitigating circumstances

State evidence required for ARCP outcome 1 and date of next ARCP

***Outcome 3: specify additional training time required (use minimum) & level of supervision***

State likely outcome: 2, 3 or 4 if objectives are not met a next ARCP

**Follow up meeting with ES (and Local TDP), HEE for minutes if required**

Agree action plan with doctor, record on eportfolio – Additional meeting

TPD to liaise with rotation TPD and CS to ensure additional training needs are met

Evidence complete

Action plan completed

**Outcome 1**

**Doctor to liaise with Local TPD and ES for support**

**F2F ARCP** with/without AD as per anticipated outcome

Outcome 3: before end of additional time, Outcome 2: 3-6 months

Evidence of progress with meeting objectives

and/ or

Development of specific competencies

Additional training time not required

**Outcome 2**

Follow up with ES/ TPD

Some progress with meeting objectives.

Additional training time is required.

(maximum 12 months pro-rata allowed)

**Outcome 3**

Follow up with ES/ TPD

Insufficient & sustained lack of progress with meeting objectives

**Outcome 4 (exit)** Document competences achieved

Signpost to career counselling

Review of outcome 2 solely for failure to engage with training e-portfolio

Progress insufficient to award outcome 1 & no mitigating circumstances

**Outcome 4 (exit)**

Signpost to career counselling

Dev’t of specific competencies req’d

**Outcome 2 (AD not req’d)**

**7. Guidance on strategies to develop competences and demonstrate evidence of progress:**

|  |  |  |
| --- | --- | --- |
| ***Clinical competencies to be developed*** | ***Support/ Strategies for training*** | ***Evidence: next ARCP*** |
| Single exam failure | Department exam focused teaching  Revision courses, Peer study group  Signpost to exam TPD | Successful completion of examination |
| Repeated exam failure | Dyslexia screening and the above  Coaching  Consider Occupational health referral,  Workplace wellbeing/ Take time | Success in examination |
| Clinical: knowledge/ assessment of patients/ clinical decision making/ ability to execute management plans | Enhanced clinical supervision  Additional training  (Simulation based training may help) | CBDs, mini-CEX, ACAT, MSF,  CSTR |
| Clinical technical skills | Additional training | DOPs, Mini-CEX |

|  |  |  |
| --- | --- | --- |
| ***Professional competences to be developed/ Problems identified*** | ***Strategies to develop competences/ Signpost to support*** | ***Evidence: next ARCP*** |
| Professional skills - communication verbal/ written | Communication skills course  Additional training  Consider dyslexia screening  Effective conversations training | HAT, DOC, ACAT, CEX, MSF, CSTR |
| Professional skills – time management/ organisation/ leading a clinical team | Time management course  Coaching | ACAT, MSF,  CSTR, ESTR |
| Professional behaviours – punctuality/ communication/ team-working/ respect for colleagues, patients, carers | Coaching  Reflection, self-awareness training | Reflective notes  MSF, CSTR, ESTR |

|  |  |  |
| --- | --- | --- |
| ***Problems identified*** | ***Signpost to support*** | ***Evidence: next ARCP*** |
| Health – physical/ mental | Resilience training – surviving and thriving  Mindfulness training  GP, Occupational health  Workplace wellbeing/ Take time  Consider reducing working hours | CSTR, ESTR |
| Personal circumstances | Workplace wellbeing/ Take time/ Coaching  Consider reducing working hours | CSTR, ESTR |

**8. POST NON-STANDARD ARCP OUTCOME FOLLOW UP:**

**8.1 Programme Support Team:**

* Send letter to ST doctor, copy to ES and rotation TPD: outcome, signpost to e-portfolio
* Inform right to request review (outcome 2) or appeal (outcome 3 or 4) – refer to Y&H Guide
* Inform Employer – current placement and next placement (outcome 3 and 4)
* **PST** to note ARCP outcome, next ST training year, date of CCT and date of next ARCP on spreadsheet

**8.2 Rotation TPD:**

* Inform DME and College Tutor
* Any concern about fitness to practice must be reported to the Postgraduate Dean
* Arrange appropriate placement, and clinical supervisor in next post via College Tutor

**8.3 ARCP Follow up meeting - Educational supervisor and ST doctor:**

* Liaise with Clinical supervisor to arrange additional training/ support for doctor and plan remedial programme
* Focus on how to develop competences and provide evidence for ARCP
* Tailor to individual – liaise with CS and local RCPCH College tutor for knowledge of local training facilities (section 8.3)
* **Local TPD** may attend or meet with doctor separately if ARCP outcome 2 with significant concerns or ARCP outcome 3. PST member to record minutes for outcome 3 not due to exam failure
* Record contemporaneously on e-portfolio as “additional meeting”
  + Note this is an ARCP outcome follow-up meeting to plan additional training
  + Ensure that the ST doctor’s comments are recorded in this form

**8.4 Completion of Adverse Outcome ARCP process**

**TPD** to send paperwork to PST

* Face-to-face ARCP agenda with completed notes
  + ARCP outcome
  + ST year at next placement
  + CCT date
  + Date of next ARCP
* Completed ARCP review tools

**9. ADVICE TO ST DOCTORS PLANNING FOR EARLY ARCP OUTCOME 6/ CCT**

Arrange to meet with your **Educational Supervisor** in advance of when you hope to finish level 3 training. Review your achievement of level 3 competences – does your Educational supervisor think that you will be ready by the proposed date? If not, develop a SMART PDP to ensure that you achieve the necessary competences. Your educational supervisor must be prepared to answer “yes” to the following question in their trainer’s report: “Do you feel this trainee is competent and safe to complete training and be signed off as eligible to enter the specialist register prior to the completion of ST8?”

You must alert your **Training Programme Director** that you want to apply for an early CCT at least 6 to 12 months before the date you want to finish training. Liaise with your TPD to ensure that you know how to demonstrate the necessary evidence for an ARCP outcome 6 in your e-portfolio by the proposed date. Refer to the evidence required for an outcome 6 in section 4.

The Head of School must approve early CCTs at your ARCP.

Note: the minimum time required for achieving a CCT in the UK is completion of 5 years in a UK approved training post. If a ST doctor starts training in a UK training programme at ST4 level, s/he will not be able to accelerate through level 2 and 3 as this will fall short of the minimum requirement for a CCT – the doctor may apply for a CESR in this case – see RCPCH website.

**10. DOCTORS WITH DIFFICULTIES WORKING A FULL SHIFT PATTERN**

Usually out of hours work should be in the same proportion for LTFT and supernumerary doctors as that for full time doctors in training. If this is not possible, then out of hours competences can be achieved by working in acute areas that provide similar exposure to on-call duties. This exposure does not have to be of the same frequency that a normal shift system would provide but has to be sufficient for the trainee to gain the necessary competences of being able to manage clinical problems encountered in acute settings.

Level 2 and 3 ST Doctors will also need to show as part of their competences that they are able to work ***without direct Consultant supervision***, so they need to be in a situation where the Consultant is not immediately accessible (usually that means for the Consultant to be out of the hospital and covering from home). They may be able to do shorter shifts on a weekend or an evening shift, starting later in the day if they cannot manage to complete 12 hour shifts.

These ST Doctors must have SLEs demonstrating this, and a clinical supervisor’s report specifically stating that competences to cover out of hours clinical work have been achieved despite their amended working pattern.

There must be careful consideration whether the doctor will be able to function as a consultant eventually.