

# Annual Review of Competency Progression (ARCP) Operational Guidance

**Yorkshire and the Humber Deanery**  
Workforce Training and Education, Yorkshire and Humber, NHS England



Name of Document	Annual Review of Competency Progression (ARCP) Operational Guidance
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<b>Category</b>	Standard Operating Procedure (SOP) - Trainee management		
<b>Purpose</b>	This document is one of a suite of Standard Operating Procedures to support the management of postgraduate doctors and dentists across England. This SOP is aligned to the principles of 'A Reference Guide for Postgraduate Foundation and Specialty Training in the UK' (The Gold Guide).		
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<b>Document Author</b>	Sarah Kaufmann, Nicki Doddridge and Becky Travis		
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1	July 2017	SK, ND, BT	New guidance
2	July 2019	Becky Travis	Updated in line with the new Gold Guide.
3	April 2021	Emma James	Re-formatting and changes to reflect Gold Guide version 8, including the incorporation of HEE Standard Operating Procedures (SOPs).
4	April 2022	Emma James	Incorporation of updated HEE SOPs; changes to language to differentiate between outcome notification and educational review meetings following the ARCP Panel; changes to how PgDiTs are notified of ARCP Outcomes; additional sections concerning the RCP Penultimate Year Assessment process and military PgDiTs.
5	January 2024	Nick Sowerby	Updated in accordance with English Deans SOP and 9 <sup>th</sup> edition of the Gold Guide. References to COVID-19 removed. Branding changes following the merger with NHSE.

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## Document Status

This is a controlled document. Whilst this document may be printed, the electronic version posted on the SharePoint site is the controlled copy. Any printed copies of this document are not controlled.

This document is not intended to be interpreted as a policy statement. This is a local guidance document for faculty and staff in the Yorkshire and Humber Deanery to enable consistency of application; it is recognised there may be exceptional circumstances when deviation from this guidance may be required.

## 1. Introduction

### 1.1. The purpose of this guidance

The Yorkshire and Humber Deanery is committed to professionalism and to providing conditions in which Postgraduate Doctors and Dentists in Training (PgDiTs) can achieve the highest levels of performance, along with providing a valid, transparent, and equitable process for the Annual Review of Competency Progression (ARCP). It is essential that the Deanery has clear procedures which outline a unified approach to delivering the ARCP process for all PgDiT groups.

The ARCP for medical specialty PgDiTs is governed by the requirements set out in A Reference Guide for Postgraduate Specialty Training in the UK (The Gold Guide, 9th Edition, August 2022).

This guidance sets out the background and the operational procedures which must be applied and cited by all Yorkshire and Humber Deanery staff involved in the delivery of training and the ARCP process. It also includes the internal procedures for managing the ARCP process and the standard documentation that should normally be used by all medical training programmes within the Yorkshire and Humber Deanery.

This is the Yorkshire and Humber Deanery's standard operating procedure for interpretation of national processes currently defined in the Gold Guides and is subject to change as national guidance evolves. It outlines the default expectations which will apply to most PgDiTs and/or situations. There will be some exceptional situations where individual circumstances create a reasonable justification for a variation in the process followed or the decision reached. Such exceptions must be explicitly identified when they occur and documented as such by faculty and/or administrative staff. The management of exceptional cases will be reviewed as part of the quality assurance process and may also be tested by the ARCP Reviews and Appeals process.

All ARCP decisions are made as part of a delegation process from the Postgraduate Dean (PGD) and the PGD retains the ultimate responsibility for interpretation and acceptance of these ARCP recommendations.

This guidance aims to clarify the roles and responsibilities of those personnel involved in the ARCP process on behalf of the Yorkshire and Humber Deanery, including ARCP Panel members, Programme Support Team members and Educational/Clinical Supervisors.

## 1.2. PgDiTs covered by this guidance

This guidance applies to all PgDiTs appointed to GMC approved Specialty training programmes since 1st August 2007 and includes:

- Core PgDiTs.
- Higher PgDiTs.
- Specialty PgDiTs appointed to Run-through Specialty programmes.
- PgDiTs appointed to core, higher and run-through Specialty programmes who are Out of Programme with the permission of the PGD.
- Clinical Academics appointed to core, higher and run-through Specialty programmes (e.g. Academic Clinical Fellowships and Clinical Lectureships on these Specialty Programmes).
- Public Health PgDiTs with backgrounds other than medicine.

## 1.3. PgDiTs not covered by this guidance

The Gold Guide 9<sup>th</sup> Edition incorporates Foundation Training; however, policies have not been fully integrated to establish one consistent approach. As such, this guidance document does not include Foundation Training and the UK Foundation Programme Guidance should continue to be referenced accordingly.

For Dental PgDiTs, refer to the Dental Foundation, Core and Specialty Training Guides available through COPDenD.

## 1.4. Equality and Diversity

The Yorkshire and Humber Deanery is committed to ensuring that the principles of equality and diversity are always applied in the delivery of education and training. This guidance is based upon the principles of natural justice, fairness, equality, and reasonableness, as supported by legislation, and should be applied with those principles in mind.

All Panel members, including Lay Representatives, must be trained in equality and diversity and this training must be kept up to date and repeated every three years. The Panel Chair should confirm with members that they are up to date with training at the start of the ARCP session.

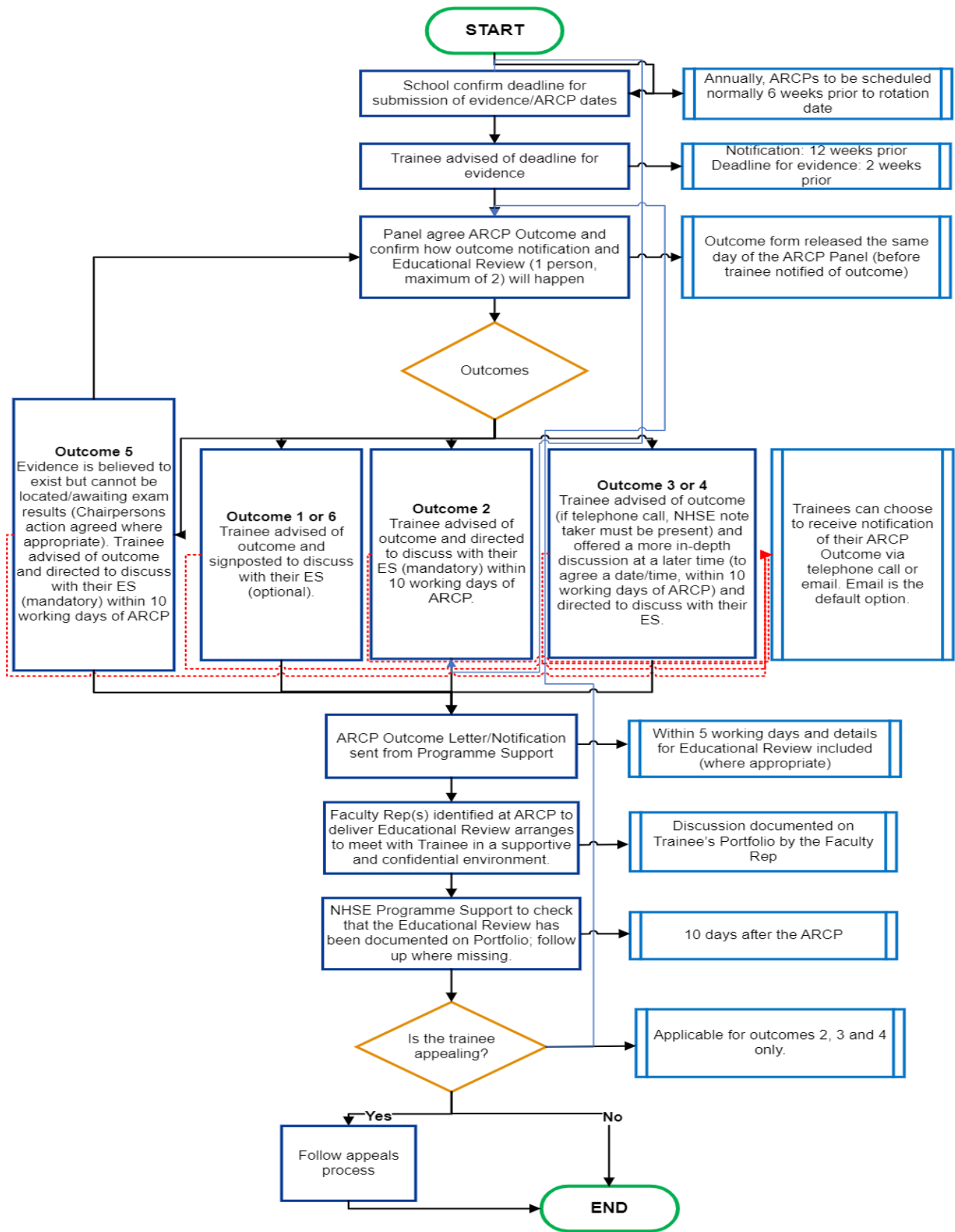
# 2. What is the Annual Review of Competency Progression (ARCP)?

## 2.1. Background

The ARCP is a summative assessment of the PgDiT through the evidence in their portfolio and the documentation of the Outcome of their progress, in accordance with the corresponding ARCP decision aid. The ARCP determines the next steps for the PgDiT.

The Yorkshire and Humber Deanery supports delivery of the ARCP process and must meet the requirements of the Statutory Education Bodies, which includes regulatory bodies. Where administrative ARCP processes are devolved to providers (e.g. Trusts) or to other Deaneries, responsibility remains with Yorkshire and Humber Deanery.

## 2.2. The ARCP process in the Yorkshire and Humber Deanery



### 2.3 Description of the ARCP Process

The ARCP process includes:

- PgDiTs being assessed once annually or at critical progression points, with a maximum 15 months between ARCPs.
- PgDiTs gathering and submitting evidence, and review with their Educational Supervisor (ES) prior to ARCP.
- PgDiTs given an indication of what outcome is likely prior to ARCP by their ES/TPD.
- ARCP Panel meeting and agreeing an outcome in absentia of the PgDiT.
- Post-ARCP notification of outcome.
- Post-ARCP feedback via Educational Review.
- PgDiT appealing the ARCP Outcome.

An ARCP is an annual recording of an outcome. There are circumstances where the Training Programme Director (TPD) requests an ARCP more frequently than once a year:

1. When it deals with performance and progression issues outside the annual review after an Outcome 2, 3 or 5. This ARCP can be requested by the TPD as and when issues occur (e.g. where there is non-engagement with the portfolio or significant performance issues).
2. To facilitate acceleration of training i.e. bring forward a Certificate of Completion of Training (CCT).
3. LTFT PgDiTs where decisions relating to progress i.e. re-progression from one training year to another, is outside a 12-monthly cycle.

## 3. Roles and Responsibilities

### 3.1. Responsibilities of the PgDiT

Within the ARCP process, PgDiTs are responsible for:

- Maintaining regular contact with the TPD and the Yorkshire and Humber Deanery by responding promptly to communications, even when they are Out of Programme.
- Managing their learning, familiarising themselves with their curriculum and assessment methods, and collecting evidence of competencies and capabilities against the relevant curriculum, which includes maintaining a portfolio).
- Completing the regulatory revalidation requirements set by the General Medical Council (GMC).
- Meeting with their ES at regular intervals through the training year (refer to Section 5.1), including prior to the ARCP.
- Submitting evidence for the ARCP by the deadline specified by the School (published on the website).
- Familiarising and conducting themselves with the requirements of the GMC's "Good Medical Practice".
- Ensuring that the documentary evidence and their portfolio is complete.
- Recording all absences accurately in their training portfolio and on Form R Part B.

### 3.2. Responsibilities of the Postgraduate School



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The School has responsibilities to the public, PgDiTs and the PGD to:

- Plan and deliver ARCPs in accordance with this guidance.
- Consider the PgDiT's progress in a fair, consistent, transparent, and professional manner which meets the requirements of the Gold Guide.
- To communicate with PgDiTs, employers, directors of medical education (DMEs), supervisors, and Yorkshire and Humber Deanery Programme Support any recommendations and/or training requirements which arise through the ARCP process.
- Inform the Responsible Officer (RO), of concerns about revalidation.
- Manage the ARCP process, including the ARCP Panels, ensuring they are compliant with the Gold Guide.
- Facilitate quality management of ARCPs.
- Ensure all members of the ARCP Panel are appropriately trained in ARCP outcomes and equality and diversity (see *Appendix 1: ARCP Panel Chair Checklist* Confirm to Yorkshire and Humber Deanery Programme Support (for onward communication to PgDiTs) deadlines for submission of evidence and ARCP Panel dates, which must be scheduled at least one-rolling year ahead. Dates must be published on the website.
- Ensure all relevant forms supporting the PgDiT assessment process are available to PgDiTs and supervisors on the website.
- To publish/share and utilise the relevant College decision aids appropriately.
- Where ARCP Panels are organised and/or take place within Local Education Providers (LEPs), such as Trusts, the School is responsible for ensuring ARCPs are conducted in line with this guidance, the Gold Guide, regulatory body, and Yorkshire and Humber Deanery requirements.

## 4. Planning the ARCP Process

### 4.1. Identifying dates for ARCP Panels

The dates for the ARCP Panels must be fixed an "academic" year in advance, and usually around the publication of exam results.

ARCP dates should be set in clear intervals (e.g. quarterly) to avoid panels taking place on a monthly (or more frequent basis). This is to manage resource for both the School and Yorkshire and Humber Deanery's Programme Support Team.

The **deadline date for submission of evidence should be at least two weeks before the ARCP panel**. If there is more than one day of ARCPs in a given ARCP period, then the same deadline date should be given for ARCPs in that period. This approach does not disadvantage those PgDiTs whose ARCP is earlier in the period, and enables some degree of flexibility for scheduling purposes. Deadline dates should be set an "academic" year in advance and will be published on the Deanery's website with the ARCP Panel meeting dates by the Programme Support Team.

**An ARCP Panel meeting should normally take place a minimum of six weeks before the progression date**. This is to ensure that PgDiTs, local education providers and the Yorkshire and Humber Deanery have sufficient notice if a change to the rotation is required because of

the ARCP outcome; this is most likely to occur when an Outcome 2, 3, 4 or 5 is issued. To minimise the risk of programme allocations not being aligned to competence progression, it is essential that before rotations are finalized, there is discussion between the TPD and ES about progress of the PGDiT and potential outcomes.

## 4.2. Identifying PgDiTs for ARCP

TPDs are responsible for identifying and confirming PgDiTs for ARCP. They must liaise with the Yorkshire and Humber Deanery Programme Support Team who will support the TPD to identify each PgDiT's ARCP. This should ideally be done via a formal planning meeting between the two parties.

**PgDiTs must be confirmed at least 12 weeks prior to the ARCP Panel date as a minimum.** Where the required notice period is not met, the ARCP will be delayed; this is to ensure PgDiTs are given sufficient time to prepare.

It is good practice to organise ARCPs so that PgDiTs (where an Outcome 2, 3 or 4 is anticipated, or where a PgDiT is at a critical progression point) can be reviewed first within the ARCP period and with more than six weeks from the progression date (see Section 4.1).

PgDiTs will be sent an email advising them about their ARCP arrangements and the deadline for submission of evidence. The Yorkshire and Humber Deanery Programme Support will not issue reminders, and it is the PgDiT's responsibility to ensure that the relevant information is available by the specified deadline. Relevant information for the ARCP will appear on the Deanery website and it is the PgDiT's responsibility to check this.

An ARCP should not be considered a punitive process. The process is about supporting and facilitating development of competencies. If concerns are raised about a PgDiT's performance, engagement with the training programme or any other matters impacting the acquisition of capabilities and competences, it may be appropriate to convene an educational review meeting (see *Section 5 Educational Review*). This should take place at the earliest opportunity, and it may be helpful if the TPD joins the ES and the PgDiT discussion. An educational review can determine progress and agree targets without the need for an ARCP Panel assessment. **An "Interim ARCP" does not exist; it is either an ARCP or an Educational Review.**

## 4.3. Identifying ARCP Panel members

TPDs must ensure that the ARCP Panel is quorate with the Gold Guide and any Specialty-specific requirements.

The TPD is responsible for identifying an appropriate Chair, Panel members and external representative. Suitable Panel members include:

- Head of School - may act as Chair of the Panel or the PGD's representative (see Section 6.5).
- Training Programme Director - may act as Chair of the Panel or the PGD's representative (see Section 6.5).
- Associate Dean - may act as the PGD's representative (see Section 6.5).
- Lay Advisor (See Section 6.6).
- External Specialty Advisor (see Section 6.7.).
- Educational Supervisors (see Section 6.8).
- College Representatives (see Section 6.8).
- Employer Representatives (see Section 6.8).

Panel composition may vary, based on the outcome which is being considered.

ARCP Panels should normally have three Panel members, ideally with an additional member also available should there be any conflicts of interest, or where original availability may change. Large panels consisting of five or more members should be avoided, due to resource implications; any panels of five or more members would need prospective formal approval from the Directorate Lead.

An individual can only fulfil one role on an ARCP Panel; for example, where the HoS or TPD is acting as the PGD's deputy they cannot act as a School representative, and another School representative should be included on the Panel such as an ES.

The Yorkshire and Humber Deanery Programme Support must be informed of the composition of the Panel and confirm the agenda **a minimum of 12 weeks before the ARCP**. Once the Panel composition has been agreed, administrative staff will invite the relevant Panel members and arrange portfolio access (where applicable).

Where possible, an individual should observe an ARCP panel prior to participating as a full member.

#### **4.4. Location and the ARCP Panel meeting agenda**

Once the agenda has been agreed, the TPD/Chair of the Panel and Yorkshire and Humber Deanery Programme Support should consider whether the ARCP Panel can meet virtually (online). Schools are strongly encouraged to consider virtual ARCP Panels to reduce travel and administration. It has also been found that faculty are more willing to volunteer for virtual Panels and that they may also offer greater flexibility and diversity. Face-to-face panels will be by exception and will need prospective formal approval from the Directorate Leads.

If the preference is for an ARCP to take place in-person (i.e. in the Yorkshire and Humber Deanery or Trust property with Panel members physically in attendance); the Yorkshire and Humber Deanery Programme Support Team will co-ordinate the facilities.

It is essential that suitably fast and reliable internet connections are maintained throughout the ARCP Panel meeting; connections should be tested in advance.

Consideration must be given to any reasonable adjustments required to facilitate the timeline of panels and for trainee/panel members in attending, both for panels held in person or virtual.

The Yorkshire and Humber Deanery Programme Support Team will produce an agenda based on the timings advised by the Panel Chair. Timeslots for each PgDiT will not be required, only the start and end time of the ARCP Panel meeting.

PgDiTs are not part of the ARCP Panel meeting, so their availability is not a consideration.

The Yorkshire and Humber Deanery PgDiT files will not be made available to the ARCP Panel; only evidence on the PGDiT's portfolio will be considered.

##### **4.4.1. Agreeing and publicising ARCP dates/submission of evidence**

The date(s) of ARCP Panel meetings must be discussed and a mutually suitable date agreed by the TPD and the Yorkshire and Humber Deanery Programme Support Team; this is to ensure capacity is available for effective support.

Where ARCP support is delivered by another NHSE local office or Trust, the Yorkshire and Humber Deanery Programme Support and the TPD must ensure that PgDiTs are notified in accordance with this guidance.

The Yorkshire and Humber Deanery Programme Support Team will **publish all the relevant dates and deadlines on the Deanery website at least 12 months in advance of the ARCP date**. It is the responsibility of PgDiTs to check and take note of these.

On a rolling 12-month basis, Schools must have agreed ARCP dates, the deadline for submission of evidence and make available any forms which support the ARCP process. For example, if the progression date is in August, ARCP dates for June 2025 must be confirmed by June 2024 at the latest.

## 5. Educational Review

### 5.1. Purpose of the Educational Review

Educational Review is a developmental and formative process whereby the ES meets with the PgDiT to consolidate, reflect, and feedback on performance. It is PgDiT-focused and should take place as a minimum, at the beginning, middle and end of each year of training.

Educational reviews may take place at other times of the year (e.g. after a prolonged period of leave). PgDiTs on an outcome 2 may benefit from a formal educational review with their ES and TPD at 6 months, rather than an ARCP at 6 months (see Section 7.3).

The purpose of the educational review and how to conduct a meeting is detailed in the Gold Guide. Additionally, the function of the Educational Supervisor's Report is detailed in the Gold Guide. Educational Supervisors, TPDs and others involved with the training of PgDiTs should be familiar with these principles. TPDs are responsible for retaining oversight of the quality of educational review and managing ESs accordingly.

#### 5.1.1. Pre-ARCP Educational Supervisor Review

The ES should discuss SMART objectives (Specific, Measurable, Achievable, Realistic, Time-bound) with the PgDiT as a routine part of the process of writing the structured report/educational supervisor report. **It is the responsibility of the ES to ensure that an open, honest, and supportive discussion about the likely ARCP Outcome and potential plan for the next year of training has taken place.**

An ARCP Outcome should never be a surprise to the PgDiT. If the ES has not been able to discuss the likely ARCP outcome, they have a duty to report the reasons to the ARCP Panel Chair and/or TPD in advance of the ARCP Panel meeting.

During the end of year review, the ES and PgDiT should review, discuss, and document on the portfolio (or via an uploaded form):

1. Workplace-based assessments completed during the training year.
2. Areas of achievement.
3. Development needs and/or performance concerns. Where applicable, devise a SMART training plan to meet the outstanding competencies and capabilities.

4. Mitigating circumstances or issues which have impacted performance (as applicable), and an action plan to address these. ESs should escalate concerns as necessary to the TPD, employer, DME or the Yorkshire and Humber Deanery.
5. Document any concerns raised by the PgDiT (including patient safety). Where appropriate, these may need to be raised with local clinical governance/risk management systems and the DME/RO where appropriate.
6. Complete the Structured Report Form/Educational Supervisor Review Form (available through the School/College).
7. Discuss potential outcomes from the ARCP assessment, based on the PgDiT's performance.
8. Clarify revalidation requirements (see Section 10).

## 6. The ARCP Panel and Assessment

### 6.1. Objectives and responsibilities of the ARCP Panel

The ARCP Panel's objectives are:

- To consider and approve the adequacy of the evidence.
- To consider whether the curricula requirements have been met for the relevant stage of training, and whether the attitudes and behaviours of the PgDiT make them eligible to progress to the next stage of training/complete training.
- To award an outcome in absentia of the PgDiT.
- To set SMART objectives for the period of training that follows.
- To check/recalculate the CCT date taking into consideration any time out of training.
- To provide advice to the RO regarding revalidation of the PgDiT.
- To comment and give feedback on the quality of the ES's structured report.

The Panel can only discuss and consider evidence which is documented and available to the PgDiT and in the PgDiT's portfolio.

In addition to these objectives, the **ARCP Panel has a responsibility to inform the PGD of concerns that may arise from reviewing the evidence**, where these concerns are about clinical safety or perceived undermining within an LEP. This must be done in writing immediately following the ARCP Panel.

### 6.2. Preparing for an ARCP Panel

In advance of the ARCP Panel meeting, all Panel members are required to:

1. Complete equality and diversity training (within the past 3 years).
2. Watch the [national HEE ARCP Process video](#).
3. Provide evidence of ARCP Panel training, which can include watching the [HEE YH ARCP Panel Video](#) or attending an ARCP Open House session or via School-led training.
4. Review the ARCP guidance documents on [Yorkshire and the Humber Deanery's Trainer Resources site](#).

5. Familiarise themselves with the relevant College decision aid(s), curriculum requirements, this guidance and relevant sections of the Gold Guide relating to ARCPs.

Each member of the ARCP Panel must review evidence for their allocation of PgDiTs in advance of the ARCP Panel meeting; it is not a requirement for each Panel member to review all PgDiTs scheduled for ARCP. If a Panel member realises there is a conflict of interest between themselves and one of the PgDiTs scheduled for assessment on the same panel, they must alert the Chair of the Panel in advance so that alternative arrangements can be made for that PgDiT.

When preparing for an ARCP Panel and reviewing a portfolio, panel members should be aware that a draft ARCP Outcome Form may be visible to the PgDiT on their portfolio. Panels are strongly advised to not create draft outcome forms; but if they are utilised, an outcome should not be stated and the individual producing the form must be mindful about what they write.

### **6.3. Conduct of the ARCP Panel**

PgDiTs are being assessed against a knowledge and skills framework, as well as a framework of professional behaviors. There is an expectation that Panel members will conduct themselves in a professional manner, in line with Good Medical Practice and will in general act as role models of professionalism.

Panel members should not be directly involved in the acute medical care of patients whilst participating in an Appeal Panel. Use of mobile phones during the ARCP Panel is not appropriate, because all panel members need to be present and active in the discussion and decision-making process. Breaks will be scheduled at allocated times.

### **6.4. The ARCP Panel Meeting session**

The Chair of the Panel must ensure that there is no declared conflict of interest between any member of the Panel and the PgDiT being assessed. If there is a conflict of interest, the relevant Panel member should withdraw temporarily from the process whilst their PgDiT is being considered.

The Panel should be constituted in such a way that, should this situation arise, it remains quorate. If a PgDiT has raised concerns, it may be necessary to seek alternative panel members if any panel member has knowledge of or has been involved in assessments pertinent to the matter. Where concerns have been raised by the PgDiT the ARCP panel should include a lay member.

Each PgDiT should be presented by the Panel member (who was pre-allocated to review evidence in advance of the ARCP Panel meeting) to the ARCP Panel. Where the ARCP Panel meeting takes place via an online platform, the screen must be shared so all members of the Panel can see the evidence.

The ARCP Panel must discuss and jointly decide an outcome. This cannot be done "piecemeal" with individuals examining a portfolio and sending written comments to other Panel members. The discussion must be a live and meaningful one.

Form Rs must be scrutinised for each PgDiT and cross checked with Revalidation Exception Reports. This will also include a PgDiT self-declaration statement and a description of their scope of practice for revalidation purposes. Revalidation Exception Reports will be shared with the ARCP Panel by the Yorkshire and Humber Deanery's Programme Support Team.

### **6.5. Role of the Postgraduate Dean's nominated deputy**

The PGD's nominated deputy (Senior Faculty Representative) can be an Associate Dean (AD), any HoS or TPD. They act on behalf of the PGD, and their role is to ratify the award of all Outcomes 3 and 4.

If the Panel Chair needs any support with the decision-making process, they may contact the Associate Dean on-call that day (details to be provided by Yorkshire and Humber Deanery Programme Support at the beginning of the ARCP Panel meeting).

### **6.6. Role of the Lay Advisor**

The role of the Lay Advisor is to review the process and the conduct of the Panel. The Lay Advisor will normally be present at the ARCP Panel meeting only.

The Lay Advisor should not be asked to judge whether the ARCP Outcome awarded to the PgDiT is appropriate or whether the PgDiT has made satisfactory process. They are present to monitor and feedback on the conduct of the Panel and may question the decision-making process in alignment.

The Lay Advisor should review at least a random 10% of the outcomes and evidence supporting these and normally any recommendations from the panel about concerns over performance.

Where a Lay Advisor has concerns about the conduct of an ARCP Panel, this must be raised immediately with the PGD. Lay Advisors will complete the Feedback Form, normally following ARCP Panels they have attended (Appendix 3).

### **6.7. Role of the External Specialty Advisor**

This is a representative from the same Specialty, but from a different training programme or School (e.g. if the ARCPs are in South Yorkshire, the External Specialty Advisor may be from West Yorkshire, providing it is a different training programme).

They must assess a random 10% of Outcome 1s and 6s, and all ARCP Panels where outcomes 2, 3 or 4 are issued.

As the External Specialty Advisor, they are considering the quality of the ES report, the submission of evidence by the PgDiT and appropriateness of the ARCP outcome.

Concerns about the performance of the ARCP Panel must be raised immediately with the PGD for further consideration.

### **6.8. Role of other ARCP Panel members**

ESs and College advisors are normally present to offer Specialty-specific input.

The panel could also have a representative from an employing organisation to enable employers to be assured that the PgDiTs they employ are robustly assessed and are safe to deliver care in their service.

### **6.9. Academic ARCPs and representation**

Where an academic PGDiT is being assessed, the Academic Supervisor (AS) is required to complete the “Report on Academic PgDiTs Progress” form (Gold Guide Appendix 5), and this should take place **at least one month prior to the ARCP and by the deadline for submission of evidence at the latest**. Evidence to support clinical achievements must also be submitted.

If concern regarding progress has been highlighted through the educational review process (clinical or academic), the ARCP Panel should include an academic representative.

The CCT date should be determined flexibly and tailored to the individual PgDiT. Whilst assessment of progress is competency not time-based, the CCT date should be determined at the first ARCP for a Clinical Lecturer, allowing assessment of the more advanced post-doctoral academic stage. The CCT may be the same or later than that for a non-academic PgDiT. Refer to Section 7.11 regarding the acceleration of CCT dates.

### **6.10. Assessment of Dual-Accrediting PgDiTs at ARCP**

Where a PgDiT is training in more than one specialty and both specialties need to be assessed, there should be relevant specialist/sub-specialist input. If the relevant specialist/sub-specialist cannot be present at the ARCP Panel, then a separate fully constituted ARCP Panel must be convened to consider the second specialty/sub-specialty.

Where PgDiTs are appointed to a training programme that leads to dual certification, the expected end of training date is the same for both CCTs.

When reviewing dual PgDiTs, there must be an ARCP Outcome Form for each specialty and sub-specialty.

If a PgDiT wishes to stop training in one specialty and only gain a single CCT, the PgDiT must have prospective permission from the PGD.

### **6.11. Assessment of Public Health PgDiTs with backgrounds other than Medicine**

Not all PgDiTs on a Public Health training programme are doctors. Whilst all PgDiTs are bound by the principles of the Gold Guide, those who are not doctors do not have a system of revalidation.

All PgDiTs in Public Health must still complete all sections of Form R, within the same timescale as other PgDiTs.

### **6.12. Assessment of PgDiTs in the School of Medicine**

The ARCP Panel is not responsible for administering the Royal College of Physicians PYA/PYR process for medicine PgDiTs.

### **6.13. Assessment of Military PgDiTs**

The Defence Deanery should be invited to send a representative for any military PgDiT undergoing ARCP.

### **6.14. Assessment of Less than Full Time (LTFT) PgDiTs**

Demonstration of successful progression through training is required from all PgDiTs and standards should not differ because a PgDiT is training LTFT.



PgDiTs training LTFT should have an ARCP:

1. At points where decisions relating to progression in training are required; or,
2. Annually, or this could be up to, but not more than, 15 months if that coincides with a progression point.

There is potential for LTFT PgDiTs to be out of sync with School ARCP delivery (e.g. percentage of training). TPDs are responsible for ensuring ARCPs take place in a timely and efficient way. ARCP Panels must also consider a reasonable timeframe for the acquisition of competencies and capabilities in accordance with a PgDiT's LTFT working pattern. For example, a PgDiT training at 60% will have completed the equivalent of a year's training in 20 months.

A PgDiT training LTFT should progress through competencies and assessment evenly on a pro-rata basis, as is expected of a PgDiT in full-time training.

A CCT date will change when a PgDiT moves from full time to LTFT Training (and vice versa). The CCT date should be recalculated and recorded at each ARCP Panel. When these circumstances apply, the relevant sections of this guide apply.

Refer to Appendix 5 for LTFT ARCP Calculator.

## 7. Application of the ARCP Outcomes

### 7.1. Agreeing and documenting an ARCP Outcome

The ARCP Outcome **must be agreed in absentia of the PgDiT, with the ARCP Outcome Form populated and released on the same day as an ARCP Panel meeting.**

Outcomes are outlined in the Gold Guide p71- 78.

### 7.2. Outcome 1: Satisfactory Progress

The PgDiT has achieved the competencies within the GMC approved specialty curriculum at the required rate and there is evidence of ongoing commitment to the GMC's Good Medical Practice. Their progress is therefore documented as satisfactory.

An Outcome 1 should not be issued pending receipt of evidence, no matter how minimal this may appear to be. When any evidence is missing the PgDiT cannot be awarded an Outcome 1.

### 7.3. Outcome 2: Development of specific competencies is required without additional training time

The PgDiT has not met all the required capabilities and competencies for their stage of training and there are some competencies that still need to be developed, or there is evidence of lack of engagement with the training process (e.g. clustering of workplace-based assessments before an ARCP). PgDiTs are responsible for escalating any difficulties they experience with trainer/supervisor engagement and/or WPBAs to their ES and/or TPD as appropriate, well in advance of the ARCP date, and preferably within six weeks of the difficulty arising.

When issuing this outcome, the ARCP Panel recognises the capabilities and competencies that can be achieved alongside the new competencies being developed for their next stage of

training. The PgDiT's CCT date does not need to be extended and the duration of this focused training must be specified on the ARCP Outcome Form.

An Outcome 2 cannot normally be given for a "gateway" competence. For example, if an exam is required to move from St2 to St3 and the PgDiT fails the exam, they cannot be allowed to enter St3.

If an Outcome 2 is awarded at a PgDiT's penultimate year assessment, it creates a greater chance of an Outcome 3 being awarded later in the final training year, if the competencies remain outstanding. Therefore, if a PgDiT is unable to receive an Outcome 1 at their penultimate year assessment, strong consideration should be given to giving an Outcome 3 rather than Outcome 2, or that their next ARCP is scheduled for 6 months' time (i.e. 6 months prior to CCT).

A PgDiT should not normally be on an Outcome 2 for longer than 12 consecutive months for the same objective(s). Consideration should be given to an ARCP at 6 months, or as a minimum an educational review at 6 months with the ES and TPD. Refer to Section 5 regarding Educational Review.

The ARCP Outcome Form must include an action plan for the acquisition of competencies and capabilities. This action plan must be SMART and clearly specify:

1. The areas of development required.
2. How they are going to be addressed.
3. How progress is going to be measured.
4. The time in which they should be achieved.
5. The date of the next review.

The ARCP Outcome will be confirmed in writing to the PgDiT and their employer. Where there are any specific training needs, the TPD will be responsible for discussing requirements with all key stakeholders, e.g. employer, Head of School, DME.

The TPD and/or ES should assess PgDiT performance at regular intervals through educational review.

### **7.3.1. Consequences of an Outcome 2**

PgDiTs in receipt of an outcome 2 must be made aware that:

- They may require a work schedule review.
- They cannot normally be interviewed for/take up an Out of Programme (OOP) placement.
- They have a right for a Review of the process by the original Panel, but no right to an Appeal Hearing. Refer Section 9 regarding the appeal process.

If they fail to meet their objectives, the PgDiT could be issued with an Outcome 3 or 4 at the next ARCP.

### **7.4. Outcome 3: Inadequate progress and additional training time is required**

The PgDiT has not met all the required capabilities and competencies for their stage of training and there are some competencies that still need to be developed. These competencies cannot be achieved alongside the new competencies being developed for their next stage of training, so their training and CCT date must be extended.

The Additional Training Time Support Proforma (Appendix 5) should be completed at this stage as this will facilitate the completion of the ARCP Outcome form, as described below.

The ARCP Outcome Form must include an action plan for the acquisition of competencies and capabilities. The action plan must be SMART and clearly specify:

1. The areas of development required.
2. How they are going to be addressed.
3. How progress is going to be assessed.
4. The period in which they should be achieved.
5. The date of the next review.

The action plan must be agreed between the PgDiT and relevant trainer(s). It must be arranged with the full knowledge of the next ES and with the agreement of the employer, with the outcome also confirmed in writing to the PgDiT and to their employer.

It is a condition of joining and remaining on the training programme that the PgDiT agrees to sharing the full information about the circumstances leading to the Outcome 3 with their supervisor, employer and LEP; the offer of additional training time is dependent on agreeing to this information being shared.

#### 7.4.1. Duration of an Outcome 3

The length of time that training can be extended depends on the Programme a PgDiT is appointed to and has a training number for. PgDiTs may be offered extensions by an ARCP Panel up to the maximum limits outlined in the table:

Programme	Extension to training time	Exceptional additional training time	Total
Core training	6 months	6 months	12 months
Higher training	1 year	1 year	2 years
Run-through training	1 year	1 year	2 years
General Practice training	1 year	6 months	18 months

It should be noted by the ARCP Panel that the maximum permissible duration of extension to training covers the entire period of training for that specific specialty. For example, if a PgDiT is awarded one year of additional training in CT2, they would only be eligible for an additional one year of exceptional training time in higher training. As such, all ARCP Panels awarding an Outcome 3 need to be aware of previous periods of additional time granted to a PgDiT.

Extension of the permissible duration is at the discretion of the PGD. Exceptional additional time can also be approved by the nominated Deputy Dean responsible for the Directorate. In the

event of the PGD or Deputy agreeing a further extension, it will not normally be for more than the original maximum duration stipulated above. Again, this will be for the duration of their whole training.

In awarding an Outcome 3, Panels should consider the reasons for any previous Outcome 3, as well as the duration of the extension given at that time. Panels should consider previous reasons which may be exceptional or mitigating circumstances when deciding the reasonableness of issuing a further Outcome 3 extension.

Panels should be mindful of the need to not set the duration of the Outcome 3 for any longer than is necessary, given the finite amount of time PgDiTs can have over the duration of their entire training.

PgDiTs will normally have another ARCP within 6 months of being awarded an Outcome 3.

#### **7.4.2. Consequences of an Outcome 3**

In normal circumstances a PgDiT on an Outcome 3 should not rotate to a different employer. There may be specific circumstances when moving to a different employer is required, as they cannot achieve the SMART objectives if they remain with their existing employer.

PgDiTs in receipt of this Outcome must be made aware that:

1. Their training time is being extended and their CCT date needs to be recalculated.
2. They may need a work schedule review.
3. It may impact on their pay progression.
4. They cannot be interviewed for/take up a Consultant post.
5. They cannot normally be interviewed for/take up an Out of Programme (OOP) placement.
6. If they fail to meet their objectives at the end of their maximum training extension, they will be awarded an Outcome 4.
7. They have the right to appeal the process. Refer Section 9 regarding the appeal process.

#### **7.4.3. Less Than Full Time (LTFT) PgDiTs and Outcome 3**

An extension to training for a LTFT PgDiT should be pro-rata to the duration specified in *Section 7.4.1*.

Occasionally, because of the nature of a timetable, a PgDiT may have difficulty accessing certain parts of their curriculum due to the pattern of days they are at work. There may need to be an adjustment in the doctor's timetable and/or an increase in training percentage so the competency can be achieved. PgDiTs and faculty should refer to Yorkshire and Humber Deanery's LTFT Guidance available on the website.

### **7.5. Outcome 4: Released from training programme with or without specific competencies**

A PgDiT will be released from the training programme if they have made insufficient progress and have failed to achieve their objectives, despite being given additional training time (where applicable). The Outcome 4 Review Proforma (Appendix 6) should be completed at this stage to confirm the appropriate support and time has been considered.

A PgDiT should not be awarded an Outcome 4 without having been advised of this possibility previously. The notification of this possibility to the PgDiT must be documented in their portfolio, in writing directly to the PgDiT. The reason is often due to already being in receipt of an Outcome 3 at their previous ARCP.

It is possible to receive an Outcome 4 after an Outcome 2 or 5, but this is not common.

The ARCP Panel should **document the specified capabilities and competencies which have and have not** been achieved by the PgDiT.

PgDiTs in receipt of an Outcome 4 will have their training number withdrawn. The relevant employer will be notified by the Programme Support Team. TPDs and ARCP Panel Members should advise any PgDiT in receipt of an ARCP Outcome 4 to contact their employer to discuss employment and contractual arrangements. ARCP Panels and Yorkshire and the Humber Deanery faculty and staff should not advise on any contractual matters, including end dates of employment as this may differ from the end date of the training programme.

A PgDiT on an Outcome 4 should not normally rotate to a new employer or provider where an appeal is in progress.

### 7.5.1. Consequences of an Outcome 4

PgDiTs in receipt of an outcome 4 must be made aware that:

1. Their contract of employment is conditional upon them holding an NTN. Their employer will be notified that their NTN has been withdrawn, which may therefore result in termination of their contract of employment.
2. There is a notice period in line with their employment contract, and clinical duties during this notice period must be discussed with their employer. PgDiTs should normally be advised to continue to attend work until the notice period has been agreed.
3. They have the right to appeal the process. Refer Section 9 regarding the appeal process.

### 7.6. Outcome 5: Insufficient evidence presented, additional training time may be required

An Outcome 5 is a transitional outcome and must be superseded by another ARCP Outcome which covers the same period.

An Outcome 5 is given because there is insufficient evidence in the portfolio to confirm an Outcome. The Panel must agree and state on the ARCP Outcome Form the outstanding evidence and the deadline (this would normally be ten working days) by which it must be provided. The ARCP Panel may agree up to **a maximum of 8 weeks** for the submission of this evidence but should be aware that the **final ARCP Outcome must be confirmed a minimum of 6 weeks before the progression date**. The only **exception to this is for exam results**.

An Outcome 5 should also be issued by the ARCP Panel when a PgDiT fails to submit a Form R Part B. The PgDiT would normally have **ten working days** to remedy the situation. Failure to submit within that time period will result in an Outcome 2, 3 or 4 being issued. If this occurs more than once, then the PgDiT should be referred by the ARCP Panel Chair to the Yorkshire and Humber Revalidation Directorate, as a referral to the GMC would need to be considered. An appropriate Outcome can be awarded once the Form R is received.

### 7.6.1. Actions following an Outcome 5

Following an Outcome 5 the ARCP Panel must confirm to the PgDiT what evidence is missing. They must also advise that if the PgDiT fails to submit the missing evidence by the deadline, they will be given an Outcome 2, 3, or possibly an Outcome 4, depending on their overall progression.

A PgDiT cannot be given a second consecutive Outcome 5. They must be given a definitive outcome at a subsequent ARCP Panel. The period assessed on the definitive ARCP Outcome Form should cover the entire period being assessed and not just the period between Outcome 5 and definitive ARCP.

Where the evidence in the portfolio is such that an Outcome 1 is likely (once the additional evidence is supplied or the outstanding examination passed), the Chair of the Panel is permitted to take the appropriate action to issue an Outcome 1. This decision is agreed on the provision that the required evidence is received within the specified timeframe and/or the exam passed. This approach must be supported by the ARCP Panel which agreed and documented the ARCP Outcome 5 Form. If the evidence is not received or an Outcome 2, 3 or 4 is anticipated, then an ARCP Panel must be reconvened.

When a PgDiT has been issued an Outcome 5 and a subsequent Outcome 1, 2 or 3 (which was not exam related); the ARCP Panel should issue an objective to the PgDiT stating they are required to engage contemporaneously with the ARCP process over the next year and they will not be awarded an Outcome 5 next year (with the exception of exam results).

### **7.7. Outcome 6: Gained all required competencies**

The PgDiT has gained all the competencies required in the curriculum and has completed the training programme.

An Outcome 6 should also be awarded for completion of core curricula in uncoupled training programmes (e.g. Core Surgical Training). An outcome 6 should not be issued when a PGDiT is on a run-through training programme and completes the lower/core component of the programme.

### **7.8. Outcome 8: Out of programme for clinical experience, research, pause or career break (OOPE/OOPR/OOPP/OOPC)**

ARCP Panels should refer to Yorkshire and Humber Deanery's Guidance on Out of Programme which is available on the website.

This outcome is issued to PgDiTs who are Out of Programme (OOP) on either an OOPR (research), OOPE (experience), OOPP (pause) or OOPC (career break).

PgDiTs on an OOPT (training) are in a post that is prospectively approved by the GMC as counting towards their training. Therefore, they are required to provide evidence of the acquired competencies and to be issued with an ARCP Outcome, as if they were still in programme.

All PgDiTs must supply an OOP form annually to inform the ARCP process. It is their responsibility to ensure that all appropriate documentation is supplied.

PgDiTs on an OOPR must provide an annual OOPR return ([Gold Guide Appendix 4](#)) and a research supervisor's report indicating that appropriate progress is being made towards a registerable degree. PgDiTs on an OOPE must provide a supervisor's report detailing what the PgDiT has achieved during their time out of programme. PgDiTs on an OOPC should indicate their date of return.

### **7.9. COVID-19 Outcome Derogations**

ARCP outcomes 10.1 and 10.2 were no-fault outcomes which recognised that the progress of the PgDiT had been satisfactory, but the acquisition of competences/capabilities by the PgDiT

had been delayed by the COVID-19 disruption. The derogations ceased on 30th September 2023 by the GMC so are no longer used as part of the ARCP process.

### 7.10. Examinations and the ARCP Outcome Form

Examinations are required to be sat and passed at certain times throughout the curriculum.

Attention should be paid to the timing of the sitting of exams, not just the passing of them. The number of parts that need to be passed and the pass rate need to be considered to determine the time by which a PgDiT should have sat the exam for the first time. Where the passing of an exam is not a gateway competence, an Outcome 2 should be given for PgDiTs who fail to sit an exam at an appropriate time.

Where a PgDiT fails to pass an exam, there are two codes that are used. Whilst they are described in the Gold Guide by the number of times they are failed, they are utilised according to the Outcome of the ARCP:

- U5 "Single Exam Failure" is used when an Outcome 3 is issued because they have failed to pass the exam. It is used irrespective of the number of times they have sat the exam. U5 means that the PgDiT failed to satisfy the respective Royal College/Faculty examination requirements and should not progress to the next year of training.
- U6 "Continual Exam Failure" is used when an Outcome 4 is awarded because the PgDiT failed to pass the respective Royal College/Faculty examination within the allowable number of examination attempts following several re-sits and is therefore unable to progress any further in the Specialty.

### 7.11. Accelerating a PgDiT's CCT date

There will be occasions when a PgDiT progresses more rapidly than the expected rate of progress and in such cases an early Outcome 6/CCT may be awarded.

COPMeD's guidance about the acceleration of a CCT date should be consulted (Appendix 7).

### 7.12. Statutory Leave and the ARCP

A PgDiT cannot be reviewed whilst they are on sick, maternity, paternity, partner, parental, adoption, or any other form of statutory leave. In these circumstances an Outcome N1 (sick leave) or N2 (maternity, paternity, partner, parental or adoption leave) should be recorded on the ARCP Outcome Form.

An ARCP Outcome 1, 2, 3, 4, 5, 6 or 8 should not be issued by an ARCP Panel whilst a PgDiT is on statutory leave.

Depending on when the PgDiT's last ARCP occurred (in relation to them commencing their leave), an ARCP should be organised for either just before or just after the period of leave. Wherever possible, and particularly in the context of planned leave, **an ARCP should be scheduled prior to the commencement of leave because of the implications for revalidation.**

PgDiTs should be assessed on a pro-rata basis (e.g. if assessing eight months of training, then they will need to achieve 2/3 of the number of WPBAs).

During this ARCP, the Panel must review and update the PgDiT's CCT date to reflect the period of statutory leave. An Outcome 3 should not be issued due to PgDiT absence; where appropriate the CCT date may need to be changed to reflect the period of absence and this does not require an extension to training.

All PgDiTs on statutory leave must record their absences accurately on the portfolio.

PgDiTs returning from statutory leave should be encouraged by the ARCP Panel (via the ARCP Outcome Form) to access the Supported Return to Training (SuppoRTT) opportunities and undertake an educational review meeting which considers any phased return to work period(s). Please refer to the SuppoRTT Guidance which is available on the Deanery's website.

### **7.13. Considering exceptional and/or mitigating circumstances**

Where there is evidence that the PgDiT is not making adequate progress, they should always be asked if there are mitigating circumstances during the educational review meetings with their Educational Supervisor/TPD; discussions must be documented on the portfolio, given the ARCP Panel may only consider evidence within the portfolio.

When there are mitigating circumstances which have been presented or taken into consideration, these should be clearly documented on the ARCP Outcome Form by the ARCP Panel.

Exceptional or mitigating circumstances normally fall into five categories:

1. Health issues - may have impacted upon their ability to achieve competencies, even if the PgDiT was not absent.
2. Personal circumstances - PgDiTs may have had a bereavement or other life-changing events. Or they may have caring responsibilities which have impacted upon their ability to achieve competencies.
3. Service-based - where the training placement/programme has been unable to provide the correct opportunities for PgDiTs to achieve the competencies. This may include inadequate supervision, consultant absence, service reconfiguration, etc.
4. Environment – this includes behaviours which could be considered as bullying and/or harassment.
5. Exclusion - a PgDiT may be excluded from work or from certain duties pending investigation. This includes investigations into conduct as well as clinical events.

In the rare event that mitigating circumstances come to light during a post-ARCP feedback meeting between the PgDiT and ES/ARCP Panel member, discussion may take place, but the ARCP Outcome may not be changed. The Outcome stands because it is based on the review of the evidence in the portfolio about competency acquisition at the time of the ARCP. However, the mitigating circumstances give an explanation and should be documented on the PgDiT's portfolio. These should be addressed now but may also be taken into consideration in the future (e.g. extenuating circumstances for additional training time at the PGD's discretion). PgDiTs in receipt of an Outcome 2, 3 or 4 may appeal against the decision (see Section 9).

### **7.14. Failure to engage with the portfolio/training programme**

For there to be a failure of engagement there must be:

- Evidence that the PgDiT has been told and understands what is required of them.



- Evidence of sufficient opportunities for the PgDiT to provide the required information/evidence.
- Evidence that the PgDiT has not acted upon the opportunities to provide the required information/evidence.
- No reasonable circumstances that explain the lack of supporting information/evidence within the portfolio.
- Evidence that capabilities and competencies have not been spread across a training year.

Engagement by the PgDiT must be reviewed and discussed at every educational review meeting between the PgDiT and their ES. Where concerns are recognized, the ES has a responsibility to raise this with the TPD in a timely way; this should not wait for the ARCP.

### **7.15. Consequences of failing to engage with the portfolio/training programme**

If there is no improvement in the degree of engagement at the subsequent review and there are no exceptional or mitigating circumstances, an Outcome 4 should normally be given. The ARCP Panel should document that the PgDiT was notified of this possibility when the original Outcome 2 (or Outcome 3) was given.

It is a doctor's responsibility to arrange a recommendation about their revalidation (Regulation 6, GMC License to Practice Regulations). This means that they must collect supporting information and evidence for their appraisal. It is the ARCP assessment that informs the recommendation for revalidation, so supporting information and evidence must be collected and presented to support the ARCP process. Without this evidence, the PGD may have no alternative but to submit a recommendation of non-engagement.

### **7.16. ARCP and PgDiT resignation**

Where a PgDiT has resigned from a training programme, they should be informed that an ARCP Panel will review their progress between their last ARCP and the point of resignation (unless the effective exit from the programme occurred within three months of the last ARCP).

The PgDiT will need to complete Form R for the purpose of informing the revalidation process. The ARCP Panel should document relevant competences that have been achieved by the PgDiT; however, no outcome will be awarded, and the N21 (resign no training issues) and N22 (resign with training issues) codes should be utilised (Appendix 3 of Gold Guide). It is expected that PgDiTs will engage in this process.

#### **7.16.1. Resignation following Outcome 5**

Where a PgDiT has provided the relevant information, N21 may be awarded by the Panel. If the PgDiT has not provided the relevant information, the Panel should award N22 and list any outstanding competencies on the ARCP Outcome Form.

## **8. Post-ARCP Feedback Arrangements**

PgDiTs in receipt of an ARCP Outcome 2, 3, 4 or 5 must meet a representative for feedback **after** the ARCP has taken place to discuss the recommendations of the Panel or additional remedial training if this is required.

**The ARCP Outcome Form must be released to the PgDiT on the day of the ARCP** and as a minimum prior to any feedback being delivered. This is to ensure:

- The ARCP Panel's decision is not altered.
- The ARCP is conducted in absentia of the PgDiT.
- The PgDiT has time to read the form prior to receiving feedback to enable a meaningful discussion.

Individual(s) delivering feedback should refer to Appendix 8, which provides principles and guidance about the delivery of post-ARCP feedback.

### 8.1. Post-ARCP Feedback Process

See [Section 2.2](#) for the process map.

### 8.2. Post-ARCP Feedback Principles

All PgDiTs receiving ARCP outcomes 1, 2, 3, 4, 5 and 6 will have the choice as to whether they receive a telephone call or an email to notify them of their ARCP Outcome. Email will be the default if no choice is made. If a telephone call, this should be from one member (maximum two) of the ARCP Panel following the ARCP Panel Meeting. The ARCP Panel is responsible for identifying who will call the PgDiT.

PgDiTs in receipt of an Outcome 2, 3, 4 or 5 will also require more detailed feedback (a Post-ARCP Educational Review Meeting), in addition to notification of their outcome. The ARCP Panel will be responsible for identifying who will undertake the Educational Review meeting, and must state the name(s) of the nominated individual(s) on the ARCP Outcome Form.

### 8.3. Post-ARCP Notification of Outcome

The ARCP Panel will be responsible for the following:

1. Confirming the ARCP outcome and briefly summarising the reason(s). If making a telephone call, the caller must be sensitive to the fact that the PgDiT may not have had the opportunity to look at their portfolio, so may be unaware of the outcome of their ARCP.
2. Signposting the PgDiT to the ARCP Outcome Form and reminding the PgDiT to sign it.
3. Encouraging the PgDiT to discuss with their ES the outcome and what this means for their training. PgDiTs in receipt of Outcomes 2 and 5 must meet with their ES as a minimum, and within 10 working days of the ARCP.
4. PgDiTs in receipt of outcomes 3 and 4 to be advised a Post-ARCP Educational Review Meeting is expected to enable more in-depth discussion. This will take place within 10 working days.
5. Signposting the PgDiT to discuss any contractual implications of the ARCP Outcome with their employer.
6. Advising the PgDiT of the ARCP Review/Appeal process (where applicable).

ARCP Outcomes should not be a surprise for PgDiTs and the ARCP Outcome form should document the reason(s) for the outcome. Where more detailed discussion is needed, this should form part of the Educational Review process (see Section 5) and **a meeting should be arranged within 10 working days**.

If the ARCP Outcome is notified via telephone call, it is mandatory for Yorkshire and Humber Deanery Programme Support Team to take notes of the call for PgDiTs in receipt of outcomes 3 or 4. The purpose of the notes is to confirm that a PgDiT has been advised about their ARCP outcome.

The Programme Support Team will be responsible for accurately recording the ARCP information on TIS, normally **no later than 10 working days after the ARCP date**, albeit ideally this information should be input as soon as possible after the conclusion of the panel.

The Yorkshire and Humber Deanery Overseas Sponsorship Team should be informed if a PgDiT receives an outcome that requires additional training time, leaves the training programme or a change is made to the CCT date. This is to maintain compliance with immigration reporting requirements.

The Yorkshire and Humber Deanery 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 to the Military revalidation team no later than two weeks after the date of the ARCP.

#### **8.4. Post-ARCP Educational Review for Outcomes 1 and 6**

There is no requirement to offer Post-ARCP Educational Review for PgDiTs in receipt of an Outcome 1 or 6; within Yorkshire and Humber Deanery this is not arranged routinely.

If Schools wish to arrange PgDiT Post-ARCP Educational Review meetings for PgDiTs in receipt of an Outcome 1 or 6 they may do so. This will not be part of the ARCP process and will not be arranged and/or administered by Yorkshire and Humber Deanery Programme Support.

#### **8.5. Feedback for Outcomes 2 and 5**

It is a mandatory requirement for PgDiTs in receipt of an Outcome 2 or 5 to have a Post-ARCP Educational Review meeting **within 10 working days of the ARCP**.

The person assigned to deliver the feedback will normally be the ES, and the TPD is responsible for ensuring this takes place within the specified timescales. The ARCP Panel may prefer to nominate one individual (or two as a maximum) rather than the ES to deliver the feedback; the identified individual(s) must be documented on the ARCP Outcome Form.

It will be the responsibility of the nominated individual to contact the PgDiT and arrange the Post-ARCP Educational Review meeting.

This meeting may take place via an online meeting or in the ES or PgDiT's place of work. This must take place in a conducive and confidential environment with the ARCP Outcome Form visible during the discussion.

Yorkshire and Humber Deanery Programme Support will **not** take notes of the discussion, but the individual delivering the feedback is strongly encouraged to include a record of the discussion on the PgDiT's portfolio.

#### **8.6. Feedback for Outcomes 3 and 4**

It is a mandatory requirement for PgDiTs in receipt of an Outcome 3 or 4 to have a Post-ARCP Educational Review meeting **within 10 working days of the ARCP**.

When deciding who will deliver the feedback, the ARCP Panel should consider the reasons for the ARCP Outcome and any other pertinent factors. For example, if the reason for the Outcome relates to single exam failure and the PgDiT has an Outcome 3, one person may be sufficient. In contrast, if there are multiple and complex factors, two individuals may be appropriate, and this may include the Head of School as well as the TPD. Every PgDiT case will be different and the

ARCP Panel should consider this when making their decision. Careful consideration is needed to ensure that PgDiTs are supported, and this part of the process is not considered as punitive.

The identified individual(s) must be named and documented on the ARCP Outcome Form. It will be the responsibility of the nominated individual to contact the PgDiT and arrange the Post-ARCP Educational Review meeting.

This meeting may take place via an online meeting or in the PgDiT's/nominated faculty members' place of work. This must take place in a conducive and confidential environment with the ARCP Outcome Form visible during the discussion.

Yorkshire and Humber Deanery Programme Support will **not attend or take notes** of the discussion, but the individual delivering the feedback is expected to include a record of the discussion on the PgDiT's portfolio.

## 9. ARCP Reviews and Appeals

Yorkshire and Humber Deanery has a specific protocol relating to Reviews and Appeals, which is available on the website.

PgDiTs in receipt of an Outcome 2, 3 or 4 may appeal the Outcome, with a Review and/or Appeal Hearing then arranged as appropriate. Requests must be submitted in writing to the PGD within 10 working days of being notified of the ARCP Outcome (via the ARCP Outcome letter).

When PgDiTs appeal their ARCP outcome, their ARCP process is not completed until either the Review and/or the Appeal Hearing process is finalised.

## 10. ARCP and Revalidation

The ARCP process assesses the achievement of competencies within a specialty training programme and is applicable to PgDiTs only, whereas revalidation is a process concerned with a doctor's fitness to practice and is applicable to all PgDiTs from Foundation Year 2 and above. PgDiTs revalidate every five years from Foundation Year 2 and then at the time of CCT.

The PGD is the RO for PgDiTs and makes the recommendation to the GMC as to the PgDiT's suitability for revalidation. The information gathered each year during the ARCP process includes revalidation exception reporting from LEPs.

ARCP outcomes do not necessarily indicate a PgDiT's suitability for revalidation. If a PgDiT is the subject of an investigation following a Serious Incident the PGD may not be able to "recommend" revalidation at that time, even if the PgDiT has met all their curriculum requirements and received an Outcome 1. If a PgDiT has been released from the training programme (Outcome 4) solely for repeated exam failure, the PGD will still be able to recommend revalidation at that time.

In making a revalidation decision the RO only has three options in making a recommendation to the GMC:

- Positive recommendation.
- Deferral request.
- Notification of non-engagement.

Failure to engage with the training process and portfolio may therefore fail to allow a positive recommendation for revalidation.

All doctors must provide, reflect on, and discuss the following information at their appraisal:

- Continuing Professional Development.
- Quality Improvement activity.
- Significant events.
- Complaints and compliments.
- Feedback from colleagues.
- Feedback from patients, where applicable.

PgDiTs must include all this evidence within their ARCP documentation. Much of this is produced as a matter of course during their training. However, there are specialty or Yorkshire and Humber Deanery specific forms or methods for collecting this. In particular, the PgDiTs must complete a Form R Part B. The PgDiT's appraisal for revalidation purposes is their meeting with their ES prior to their ARCP.

It should be remembered that revalidation is about "whole of practice". Any locum activities and/or other medical sessions/responsibilities outside their training programme, including voluntary activities, must be documented, and reported within the revalidation "scope of practice" declaration on the Form R Part B (Gold Guide Appendix 1). PgDiTs will have to provide evidence that supports revalidation in these areas.

## 11. Quality Management and Audit

### 11.1. Quality management and audit

To assure the public, PgDiTs and PGD about patient safety and process there will be audits of the ES reports, the ARCP Outcome forms and an audit of the ARCP process.

### 11.2. ARCP Panel Chair checklist

The ARCP Panel should decide at the beginning who is responsible for Chairing and completing the ARCP Panel Chair Checklist Form (Appendix 2) and sufficient time should be allowed for this.

This form is mandatory as it used as part of our quality assurance process and should be saved to file as a record of the ARCP process.

### 11.3. Reviewing ARCP Outcomes

It is a Gold Guide requirement to have external scrutiny of at least a random 10% of the outcomes, the supporting evidence upon which these decisions were made and all the recommendations where there are concerns about progress.

### 11.4. ARCP Panel feedback on Educational Supervisor Reports

ARCP Panels are required to review the ES structured reports. It is expected that these comments will be fed back to the individual and the summary report fed back to the PGD.

Where there are concerns regarding ES engagement, the TPD/Panel Chair is responsible for discussing this with the relevant DME, and if not resolved with the North East and Yorkshire Quality Team.

### **11.5. Feedback from external sources**

Externality on the ARCP process is to be provided by two independent sources:

1. A Lay Advisor appointed from a list compiled by the PGD.
2. An External Advisor from the specialty, but from outside local training rotation.

## **12. Equality Impact Assessment (EIA)**

Under the Equality Act, the need for public bodies in England to undertake or publish an equality impact assessment of their policies, practices and decisions was removed in April 2011 when the 'single equality duty' was introduced. Public bodies must still give "due regard" to the need to avoid discrimination and promote equality of opportunity for all protected groups when making policy decisions and are required to publish information showing how they are complying with this duty.

## **13. Monitoring Compliance and Effectiveness**

This Operational Guidance will be reviewed in accordance with updated or new guidance published by the UK Foundation Programme, COPMeD, NHS England, the General Medical Council, or any other organisation as applicable. New iterations of this guidance will be ratified by the SOP Delivery and Development Group within the Yorkshire and Humber Deanery.

## 14. Appendices

Select the link to access the relevant Appendix:

**Appendix 1: [ARCP Panel Chair Checklist](#)**

**Appendix 2: [Lay Advisor Feedback Form](#)**

**Appendix 3: [ARCP Glossary of Terms](#)**

**Appendix 4: [LTFT ARCP Calculator](#)**

**Appendix 5: [Additional Training Time Support Proforma](#)**

**Appendix 6: [Outcome 4 Review Proforma](#)**

**Appendix 7: [Accelerated progression of specialty medical training and bringing forward Completion of Training \(CCT\) / Programme completion dates](#)**

**Appendix 8: [Post-ARCP Feedback Principles and Guidance](#)**