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**
Category	Standard Operating Procedure (SOP) - Trainee management
Purpose	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 (GG).
Authorised by	Yorkshire and Humber Deanery SOP Delivery and Development Group
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Version	Date	Author/Reviewer	Notes Reason for Change, what has changed, etc
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 9th edition of the Gold Guide. References to COVID-19 removed. Branding changes following the merger with NHSE.
6	February 2025	Sue Reid	Updated to reflect YH practices only. The National policy should be used in conjunction with this SOP
7	January 2026	Calum Smith	Updated to reflect the changes within the National ARCP SOP 2025

			Updated to reflect changes to accelerated training in National SOP

Contents

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

This guidance is to be read in conjunction with the National ARCP SOP.

1.2. PgDiTs covered by this guidance.

This guidance applies to Medical PgDiTs in Postgraduate training (Foundation, General Practice and Specialty Training Programmes).

Guidance for the Dental RCP can be found on the website.

1.3. 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 national, formal 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.

- PgDiTs being assessed once annually or at critical progression points, with a maximum 15 months between ARCPs. (section 2.2a of the national guidance)
- 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:

- 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).
- To facilitate acceleration of Specialty training i.e. bring forward a Certificate of Completion of Training (CCT).
- LTFT PgDiTs where decisions relating to progress i.e. re-progression from one training year to another, is outside a 12-monthly cycle.

As per the national guidance, the ARCP process includes:

- Administration before ARCP
- Administration on the Day
- Administration post ARCP

2.2. The ARCP process in the Yorkshire and Humber Deanery

START

School confirm deadline for submission of evidence/ARCP dates → Annually, ARCPs to be scheduled normally 6 weeks prior to rotation date

Trainee advised of deadline for evidence → Notification: 12 weeks prior / Deadline for evidence: 2 weeks prior

Panel agree ARCP Outcome and confirm how outcome notification and Educational Review (1 person, maximum of 2) will happen → Outcome form released the same day of the ARCP Panel (before trainee notified of outcome)

Outcomes

Outcome 5
Evidence is believed to exist but cannot be located/awaiting exam results (Chairpersons action agreed where appropriate). Trainee advised of outcome and directed to discuss with their ES (mandatory) within 10 working days of ARCP

Outcome 1 or 6
Trainee advised of outcome and signposted to discuss with their ES (optional).

Outcome 2
Trainee advised of outcome and directed to discuss with their ES (mandatory) within 10 working days of ARCP.

Outcome 3 or 4
Trainee advised of outcome (if telephone call, NHSE note taker must be present) and offered a more in-depth discussion at a later time (to agree a date/time, within 10 working days of ARCP) and directed to discuss with their ES.

Trainees can choose to receive notification of their ARCP Outcome via telephone call or email. Email is the default option.

ARCP Outcome Letter/Notification sent from Programme Support → Within 5 working days and details for Educational Review included (where appropriate)

Faculty Rep(s) identified at ARCP to deliver Educational Review arranges to meet with Trainee in a supportive and confidential environment. → Discussion documented on Trainee's Portfolio by the Faculty Rep

NHSE Programme Support to check that the Educational Review has been documented on Portfolio; follow up where missing. → 10 days after the ARCP

Is the trainee appealing? → Applicable for outcomes 2, 3 and 4 only.

Yes → Follow appeals process

No → **END**

3. Administration before ARCP

Please also see section 2 of the National ARCP SOP

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 relevant regulatory body General Medical Council (GMC).
- Meeting with their ES at regular intervals through the training year, including prior to the ARCP.
- Submitting evidence for the ARCP by the deadline specified by the Directorate (published on the website).
- Familiarising and conducing themselves with the requirements of the GMC's "Good Medical Practice".
- Ensuring that the documentary evidence and their portfolio is complete.
- Usually, only evidence within a trainee's e-portfolio can be considered by the panel. It is the trainee's responsibility to complete the e-portfolio contemporaneously and in a timely manner to ensure it is available for the ARCP panel to assess progression. For doctors in training, Form R Part B with documentation of all areas of practice must be completed for each ARCP (aligned with the Revalidation SOP). Section 2.5 b of the national guidance

3.2 Responsibilities of the Directorate

The Directorate 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.
- Educational Supervisors should be made aware of the date of the ARCP. A structured report should be prepared by the trainee's Educational Supervisor for each specialty being assessed. This should include the evidence that the trainee and supervisor agreed should be collected to reflect the period of training under review. The report should be discussed with the trainee prior to submission to the ARCP panel. The report and any discussion that takes place following its compilation must be evidence-based, timely, open and honest. If such a discussion cannot take place, it is the duty of the Educational Supervisor to report the reasons to the ARCP panel in advance of the panel meeting. (*Section 2.3c of the National SOP*)
- Panel members should usually be made aware of the portfolios they are reviewing in advance. It should be arranged for individuals to have the necessary permissions to allow access for members to view evidence. (*Section 2.5d of the National SOP*)

- For doctors in training, the local revalidation team should normally be notified a minimum of **3 weeks prior** to the ARCP, to ensure that relevant information can be available in time for the ARCP panel (*Section 2.5e of the National SOP*)
- 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. **ARCP 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.

3.2 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 finalised, there is discussion between the TPD and ES about progress of the PgDiT and potential outcomes.

Five annual reviews should occur in a standard 5-year revalidation cycle. (*section 2.2a of the National SOP*)

Draft timetables should be approved by the Head of School or TPD responsible for the ARCPs in the relevant specialty. (*section 2.2a of the National SOP*)

NHS England administrators may wish to meet with Training Programme Directors (TPDs) beforehand to discuss the requirements of the ARCP.

3.4 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.

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. 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.**

Please also see section 2.2b of the National SOP

Information may have been received in the period since the trainee's last review which may alter the expected date by which the next ARCP is due. Several factors can delay the expected ARCP date (e.g. long-term ill health or if concerns have been raised regarding a trainee's progress). In addition, there could be a situation whereby an ARCP date needs to be brought forward (e.g. if training time needs to be reviewed before maternity dates or due to accelerating training).

3.5 Identifying ARCP Panel members

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

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

Suitable Panel members include:

- Postgraduate Dean (or nominated representative)
- Head of School - may act as Chair of the Panel or the PGD's representative.
- Training Programme Director - may act as Chair of the Panel or the PGD's representative.
- Associate Dean - may act as the PGD's representative.
- Lay Advisor
- External Specialty Advisor
- Educational Supervisors
- College Representatives
- Employer Representatives
- In Foundation training, Trust administrators can also be part of the ARCP panel.

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.

Please also see section 2.4b, c, d, e, h and i of the National SOP below

The ARCP panel should, as far as practicable, reflect the protected characteristics of the profession it serves.

Where more than one specialty is being assessed in the same panel (e.g. dual training or sub-specialty training in parallel with main specialty training) or where the trainee is on an integrated academic programme, the panel will normally include relevant specialist/sub-specialist/academic input.

Panel members should be identified as soon as possible to allow sufficient notice.

The Postgraduate Dean should nominate a representative to be present at any panel meeting involving cases where it is possible that a trainee could have an ARCP Outcome 3 or 4 and, where appropriate, Outcome 10s.

Prior to the ARCP panel there should be due diligence to explore potential conflicts of interest or perception of bias.

- Where a trainee has raised concerns, it may be necessary to seek alternative panel members if they have knowledge of or been involved in assessments pertinent to the matter.

- Similarly, where concerns have been raised, ARCPs should include a lay member.

If significant concerns or complexities are anticipated, an experienced ARCP chair should be used. This can be from outside the specialty.

3.6 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 panel members in attending, both for panels held in person or virtual. (*section 2.4j of the National SOP*)

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.

3.7 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 2026 must be confirmed by June 2025 at the latest.

3.8 Preparing for an ARCP Panel

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

- Complete equality and diversity training (within the past 3 years).
- Panel members must ensure they acquire the relevant training to sit on ARCP panels (*Section 2.6a of the National SOP*)
- An instruction email should normally be sent to the panel member to inform them of the following:
    - Training requirements and links to panel training
    - Date and start time of panel briefing.
    - Venue and travel arrangements (as appropriate)
    - Timetable of day's events
    - Any portfolios that need to be reviewed ahead of the panel meeting
    - Link to any documentation which requires review/completion.
    - A courtesy note to thank them for attending and contact details for the day.

- The review period for the ARCP must be explicit. This would normally be the date from the last ARCP to the date of the current ARCP or (where appropriate) Certification of Completion of Training (CCT) date. When accessing the portfolio, only evidence within the appropriate review period should be considered. (*Section 2.6c of the National SOP*)
- It is good practice for the panel to be allocated to review either the entirety of a trainee's submission or elements of the cohort's submission (e.g. research and audit, logbook or WBAs progression) in advance. (*Section 2.6d of the National SOP*)
- Watch the national HEE ARCP Process video.
- 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.
- Review the ARCP guidance documents on Yorkshire and Humber Deanery's website
- 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.

4. On the Day

Please also see section 3 of the national guidance document

ARCP Outcome definitions and panel responsibilities are listed in the Gold Guide

4.1 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.
- Information from supervisors' reports, workplace-based assessments and additional information as required by the curriculum and e-portfolio will be assessed to ensure progress is made as anticipated to meet the requirements of obtaining completion of programme. (*section2.5c of the national guidance*)
- 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.

4.2 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 clinical 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.

4.3 The ARCP Panel Meeting session

Timetables should build in time for a panel pre-meet of panel members before the commencement of the first review to deliver the briefing. (*Section 3.1a of the National SOP*)

See also section 3.1 b of the National SOP – Chairs briefing.

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.

Also see sections 3.2 – conduct the review / 3.3 – use of Outcome 5 and 3.4 Panel De-brief of the National SOP

4.4 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:

- At points where decisions relating to progression in training are required; or,
- 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 synch 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.

4.5 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**.

ARCP Outcomes are outlined in the Gold Guide.

4.6 Accelerating a PgDiT's CCT date

Please also see the YH Guidance for the Acceleration of Training and COPMeD's guidance about the acceleration of a CCT date (Appendix 7).

Trainees in Specialty training may progress more rapidly than the given dates for progression. In such cases, the award of an accelerated CCT date when it has been planned via the ARCP process and from an early stage. This is to allow sufficient time for programme planning to meet the curriculum requirements by the adjusted CCT date. A CCT date would normally be advanced by no more than 12 months (*section 2.2c of the National SOP*)

4.9 Accelerating a trainee's stage of training:

Where a curriculum defines that a trainee's stage of training may be advanced, this must be planned, documented, and discussed at as early stage as possible but no later than the penultimate ARCP. The CCT date must be recalculated and the ARCP Panel must document on the ARCP Outcome Form the reason(s). (*section 2.2d of the National SOP*)

4.10 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 two-thirds 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.

4.11 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:

- **Health issues** - may have impacted upon their ability to achieve competencies, even if the PgDiT was not absent.
- **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.
- **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.
- **Environment** – this includes behaviours which could be considered as bullying and/or harassment.
- **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 become known 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.

4.12 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 recognised, the ES has a responsibility to raise this with the TPD in a timely way; this should not wait for the ARCP.

4.13 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.

4.14 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.

4.14.1 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.

5 Post-ARCP

Please also see section 4 of the National SOP

5.10 Post-ARCP Feedback Process

See section 4.1 of the National SOP

As soon as possible, and normally within a maximum of five working days of the ARCP date, trainees in receipt of a developmental outcome should be informed of their outcome and date of meeting to discuss (if this meeting has not already taken place).

As soon as possible, and within a maximum of five working days of the ARCP date, trainees in receipt of an outcome 5 should be informed of their outcome and the deadline for submission of requested documentation.

Within two weeks of the ARCP date, all remaining trainees should have been informed that their outcome has been awarded and that the ARCP outcome form is available. Trainee doctors should be advised not to disconnect from their Postgraduate Dean as Responsible Officer on GMC Connect until the Revalidation recommendation aligned to CCT has been made. Refer to the Revalidation SOP for further information.

Trainees should be provided with relevant guidance for the outcome received, including how to request a review/appeal if appropriate. Refer to the Appeals for ARCP and Withdrawal of NTN SOP.

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.

See Section 2.2 for the process map.

5.11 Post-ARCP Feedback Principles

All ARCP panel decisions will be made with the trainee in absentia (GG10:4.83). Post-ARCP feedback, including recognition of the achievements of those performing well, should be provided to all trainees in a timely and supportive manner which minimises the need for trainees to take protracted time away from service and removes the need for additional discussion panels to be set up.

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 the trainee is contacted by telephone, 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.

If you are awarded a progressive ARCP outcome, you do not progress to the next stage of training on the date of your ARCP, but at the end of your indicative training year.

5.12 Post-ARCP Notification of Outcome

The ARCP Panel will be responsible for the following:

- 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.
- Signposting the PgDiT to the ARCP Outcome Form and reminding the PgDiT to sign it.
- 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 5 working days of the ARCP**.
- 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 5 working days.**
- Signposting the PgDiT to discuss any contractual implications of the ARCP Outcome with their employer.
- 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 and **a meeting should be arranged within 5 working days**.

5.13 Data Entry

The Programme Support Team will be responsible for accurately recording the ARCP information on TIS (Trainee Information System), 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.

Section 4.3b to f of the National SOP
Content of TIS, the portfolio and correspondence should be copied and pasted to exactly match on all records.

There is no need to record ARCP outcomes in hardcopy if the trainee is signing off the outcome and notes through an electronic portfolio. Hardcopy ARCP forms and signatures may be required if there is no other method of sign off by the trainee.

Any changes to information contained in the Form R should be amended on TIS/ESR (Electronic Staff Record).

Where a trainee's progress is 'Not Assessed' (i.e. due to maternity/sick leave), the reasons for this should be clearly stated and the correct code as detailed in GG/DGG used on TIS and on the ARCP outcome form. The content of Form R should be checked and referenced on the outcome form along with any concerns made known to the Postgraduate Dean.

Deanery teams are responsible for auditing records and ensuring mandatory fields are entered onto TIS.

Reporting to the Employer: The employing organisation (where a lead employer model is in place) should be informed of all changes made to CCT dates so that a contract extension can be made. Such information should provide an additional summary for employers to cross reference with to ensure their records are up to date. (*section 4.6 a of the National SOP*)

Reporting to the Employer: In instances where an outcome 4 is awarded, all employers will need to be made aware of the outcome, as well as any subsequent appeal processes. (*section 4.6 b of the National SOP*)

The NHS England 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. (*section 4.6e of the National SOP*)

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. (*section 4.6c of the National SOP*)

5.14   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 5 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.

5.15 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 5 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 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.

6 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.

7 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.

8   Quality Management and Audit

8.14 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.

8.15 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.

8.16 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.

8.17 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.

8.18 Feedback from external sources

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

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

9   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.

10 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 NHSE Yorkshire and Humber.

Appendices

All Appendices can be found on the Yorkshire and Humber Deanery's [website](#).

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