

Name of Document	Annual Review of Competence Progression (ARCP) Process
Category	Standard Operating Procedure (SOP) This SOP is applicable to doctors and dentists in training within NHS England.
Purpose	<p>This document is one of a suite of Standard Operating Procedures to support the management of trainees 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) and ‘A Reference Guide for Postgraduate Dental Core and Specialty Training’ (The Dental Gold Guide). Please refer to the most recent versions.</p> <p>Since 2020, Foundation Training is embedded within the Gold Guide. Therefore, the NHS England suite of SOPs applies to all doctors in training, including Foundation, unless specified otherwise. Please note that Foundation-specific differences are highlighted in purple font in the Gold Guide.</p> <p>Within the SOP, whenever reference is made to the Postgraduate Dean, it refers to the NHS England English Dean/Postgraduate Dean or their nominated representative who will be responsible for managing the process on their behalf.</p> <p>Throughout the document, unless otherwise stated, the term ‘trainee’ refers to postgraduate doctors in training and also applies to postgraduate dentists in training and public health trainees with a medical or non-medical qualification.</p> <p>Within this SOP whenever reference is made to ARCP, in relation to dentistry this also refers to Review of Competency Progression (RCP).</p> <p>This SOP is intended to be a guide to encourage consistency of practice across England. Due to the complex nature of training, there will be occasions where Postgraduate Deans will apply their discretion in enacting this SOP to take account of individual circumstances and varying local structures (e.g. Lead Employer).</p> <p>Local offices should ensure they review the associated PAG document.</p> <p>English Deans are committed to equality, diversity and inclusion (EDI), with a duty to eliminate discrimination, promote equality and ensure inclusive opportunities are available to all with regards to age, disability, gender, ethnicity, sexual orientation, religion or belief in the design and delivery of all our services. English Deans aim to meet and exceed their</p>

		<p>statutory obligations under the Equality Act 2010 by adopting a continuous improvement approach.</p> <p>This suite of SOPs will be routinely screened against relevant Equality and Diversity documentation.</p>	
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1	27/06/2017	HEED	Document signed off at HEED
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3	17/09/2019	HEED	Document signed off at HEED
4	28/04/2021	HEED	Document signed off at HEED
5	02/07/2021	HEED	Amendments – trainees raising concerns
6	11/10/2022	HEED	Document signed off at HEED
7	19/07/2023	HEED	Document signed off at PGMDE Operational Oversight Group

Related Documents

- *Gold Guide 9th Edition: A Reference Guide for Postgraduate Foundation and Specialty Training in the UK:*
<https://www.copmed.org.uk/gold-guide/gold-guide-9th-edition>
- *Dental Gold Guide: A Reference Guide for Postgraduate Dental Core and Specialty Training in the UK:*
<https://www.copdend.org/downloads-list/dental-gold-guide-2021-edition-copy/>
- *COPMeD guidance on medical revalidation processes relating to “Cause for Concern” arising in a doctor in postgraduate training:*
https://www.copmed.org.uk/images/docs/revalidation/COPMeD_guidance_on_medical_revalidation_processes_relatng_to_Cause_for_Concern.pdf

- *Standard Operating Procedure – ARCP Appeals:*
<https://www.hee.nhs.uk/our-work/doctors-training/standard-operating-procedures>
- *Standard Operating Procedure – Revalidation:*
<https://www.hee.nhs.uk/our-work/doctors-training/standard-operating-procedures>
- *Standard Operating Procedure – Principles for Training of ARCP and ARCP Appeals Panel Members and Chairs:*
<https://www.hee.nhs.uk/our-work/doctors-training/standard-operating-procedures>
- ARCP Process (PAG):
<https://healtheducationengland.sharepoint.com/sites/TISProcessAG/SitePages/PAG-SOP-docs.aspx>
- *ARCP Process Video:*
<https://specialtytraining.hee.nhs.uk/arcp>

1. Introduction

This SOP outlines how the management and administration of the Annual Review of Competence Progression (ARCP) should be approached for all trainees in Postgraduate training. The SOP is aligned to the principles outlined within 'A Reference Guide for Postgraduate Foundation and Specialty Training in the UK' (The Gold Guide (GG) and 'A Reference Guide for Postgraduate Dental Core and Specialty Training in the UK' (The Dental Gold Guide (DGG)).

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

All possible ARCP outcomes are detailed within the GG9: 4.94 (p.72-77) and DGG (p.35-39).

The ARCP is normally taken on at least an annual basis for all trainees, both full time and less than full time. For dual training or main specialty and sub-specialty training, the GMC requires a separate outcome per specialty and sub-specialty. Trainees in dual programmes can be permitted to progress at different rates and be at different phases in training programmes at the discretion of the Postgraduate Dean (GG9: 4.91). However, for dual or triple trainees the application for a CCT should only take place when all programmes are complete and the certificate must be awarded on the same date (GG9:3.87)

All ARCP panel decisions will be made with the trainee in absentia (GG9:4.83). Detailed feedback should be given to the trainee as part of a post ARCP educational planning meeting which must be separate to the ARCP panel decision (GG9:4.85).

The SOP is divided into three sections:

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

2. Preparation before the ARCP day

2.1. Confirm dates

- a. In accordance with GG9:4.59/DGG 5.28, trainees must be informed of ARCP dates which provide them with sufficient notice.
- b. ARCP reviews should occur annually and normally be scheduled at least 6 weeks from the progression point to provide the maximum training time to achieve competences for training levels and placements, whilst at the same time leaving enough time to allow for changes to accommodate any review recommendations.
- c. ARCP dates should be scheduled in advance to provide trainees with the maximum amount of notice for preparing their evidence.
- d. ARCP dates should be published on appropriate local webpages.

2.2. Agree the ARCP timetable

- a. The date of the trainee's next review will usually have been indicated at the previous ARCP. A timetable should be drafted to determine which trainees are due an ARCP. To meet revalidation requirements (for doctors in training) there should be no longer than 15 months between each ARCP; this will allow flexibility in scheduling when completing one programme and commencing another. Five annual reviews should occur in a standard 5-year revalidation cycle.
- b. Information may have been received in the period since the trainee's last review which may alter the expected date by which the next ARCP is due. A number of factors can delay the expected ARCP date (e.g. long term ill health or if concerns have been raised regarding a trainee's progress). In addition, there could be a situation whereby an ARCP date needs to be brought forward (e.g. if training time needs to be reviewed before maternity dates or due to accelerating training).
- c. Accelerating a trainee's CCT date: There will be occasions when a trainee progresses more rapidly than the expected rate of progress and in such cases an early outcome 6/CCT may be awarded (GG9: 4.11- 4.12). The award of an early outcome 6 will normally only occur when there has been exceptional performance and 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.
- d. 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. The CCT date must be recalculated and the ARCP Panel must document on the ARCP Outcome Form the reason(s).
- e. Draft timetables should be approved by the Head of School or TPD responsible for the ARCPs in the relevant specialty.

2.3. ARCP requirements

- a. Trainees must make themselves familiar with the expectations for ARCP through review of the curriculum, including the need to have completed and validated the required workplace-based assessments (WBAs).
- b. Trainees should normally be instructed at induction that completion of e-portfolios with appropriate validation of entries should be an ongoing process, as per curriculum requirements.
- c. 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.
- d. NHS England administrators may wish to meet with Training Programme Directors (TPDs) beforehand to discuss the requirements of the ARCP.

2.4. Secure ARCP panel members

- a. The ARCP panel should consist of at least three panel members appointed by the training committee or an equivalent group, of which one must be either the Postgraduate Dean (or their nominated deputy), the Head of School or a TPD (ensuring therefore the panel has the input of a colleague with knowledge of the relevant curriculum and required level of competence). The Chair of the Specialty Training Committee, TPDs, College/Faculty representatives (e.g. from the Specialty Advisory Committee), Educational Supervisors and Associate Directors/Associate Deans are all appropriate panel members.
- b. The ARCP panel should, as far as practicable, reflect the protected characteristics of the profession it serves.
- c. 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.
- d. Panel members should be identified as soon as possible to allow sufficient notice.
- e. 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.
- f. The panel may have input from a lay representative and an external advisor. They 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.

- g. The Defence Deanery should be invited to send a representative for any military trainee having their progress reviewed.
- h. 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.
- i. If significant concerns or complexities are anticipated, an experienced ARCP chair should be used. This can be from outside the specialty.
- j. Consideration must be given of 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.

2.5. Preparation and Organisation

- a. The GG/DGG outlines the purpose of the ARCP. It enables the trainee, the Postgraduate Dean and employers to document that the competences required are being gained at an appropriate rate and through appropriate experience.
- b. 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 A and Part B with documentation of all areas of practice must be completed for each ARCP (aligned with the Revalidation SOP).
- c. 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.
- d. 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.
- e. 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 (see Revalidation SOP).

2.6. Responsibility of the ARCP Panel Members

- a. Panel members must ensure they acquire the relevant training to sit on ARCP panels (as stated in the ARCP training SOP).
- b. An instruction email should normally be sent to the panel member to inform them of the following:
 - i. Training requirements and links to panel training

- ii. Date and start time of panel briefing
 - iii. Venue and travel arrangements (as appropriate)
 - iv. Timetable of day's events
 - v. Any portfolios that need to be reviewed ahead of the panel meeting
 - vi. Link to any documentation which requires review/completion
 - vii. A courtesy note to thank them for attending and contact details for the day
- c. 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.
- d. It is good practice for the panel to be allocated to review either the entirety of a trainee's submission or elements of the cohort's submission (e.g. research and audit, log book or WBAs progression) in advance.
- e. Where available and appropriate, decision aids should be used.

3. On the day

3.1 Ensure the panel are briefed

- a. Timetables should build in time for a panel pre-meet of panel members before the commencement of the first review to deliver the briefing.
- b. The chair's briefing should cover the following points:
 - Welcome and introductions
 - Declaration of any conflict of interest
 - Alterations to panels
 - A check that all panel training has been completed and necessary preparations completed
 - Recap on purpose of panel: *to consider and approve the adequacy of the evidence and documentation provided by the trainee, which at a minimum must consist of a review of the trainee's portfolio through a structured report from the ES, documenting assessments (as required by the specialty curriculum) and achievements. Provided that adequate documentation has been presented, to make a judgement about the trainee's suitability to progress to the next stage of training or confirm training has been satisfactorily completed.*
 - *For doctors in training, to review the revalidation-relevant information and determine whether or not there are any ongoing concerns about a trainee's fitness to practise.*
 - A recap of the review process expected from the panel members (e.g. use of checklists, and decision aids) where applicable.
 - Changes to college/school curricula requirements and assessment strategies. Recap on indicative numbers if pertinent.

- Panel roles and required contributions during the review.
- Particular concerns that may need the panel's focus.

3.2 Conduct the review

- a. Curricula/checklists or other relevant ARCP documents are normally used by panel members to ensure both the quantity and quality of information expected from a progressing trainee is present in the portfolio for the specialty. The assigned leading panel member / chair should systematically recount their personal review of the evidence.
- b. As a collective, the panel will review particular evidence as necessary to gain a consensus of opinion regarding the outcome and actions required.
- c. An in-depth collective panel review should be carried out to assure the panel chair of the consistency of reviews led by new panel members and for trainees where there are concerns regarding progression.
- d. The lay representative will primarily review the process followed by the ARCP panel and the conduct of the panel, as measured against accepted general good practice for ARCP panels and the standards that are set in the Gold Guide. The lay representative should not be asked to judge whether the ARCP outcome awarded to the trainee is appropriate or whether the trainee has made satisfactory progress, therefore they will not require access to the portfolio prior to the ARCP panel. The lay representative may be asked on occasion to contribute a lay perspective to inform elements of the ARCP panel's activities, but the role is to ensure the process is followed correctly, not to give an opinion on the outcome or the trainee's progress.
- e. Any completed reports/checklist(s) from the panel member(s) should be collected and retained on that trainee's record as part of the audit trail for the decision being made.
- f. The panel chair will confirm and ensure the following information is documented:
 - the outcome and, where appropriate to the outcome, the right of the trainee to request a review or appeal,
 - reasons for the award,
 - recommendations for additional training time (if applicable),
 - specific competences/skills to be developed and timescales,
 - recommended further actions (to include remedial and reasonable supporting measures)
 - positive affirmation that there are no ongoing concerns about a trainee's fitness to practice or indication that there is through ticking the appropriate box and providing necessary details in the revalidation section of the ARCP form.
 - The next review date.
 - Anticipated end of programme/CCT date; If a CCT date or stage of training is accelerated, this must be stated, and the reason(s) detailed on the ARCP Outcome Form.

- g. Where applicable, the ARCP paperwork should clearly explain exactly what improvements in performance are required, what additional evidence is needed, and by when. This will help the trainee to plan effectively for the next stage of training.
- h. Within the further actions notes, if the trainee has received an outcome indicating insufficient progress, the trainee must be invited to meet with a representative of the Postgraduate School, a member of the ARCP panel or a senior educator to explain the outcome (GG9:4.85).
- i. The content of the outcome form should be reviewed and confirmed before it is released to the trainee.
- j. ARCP outcomes that reflect insufficient progress (outcome 3/10.2) and/or developmental needs (outcome 2/10.1) should not normally come as a surprise to a trainee.
- k. The outcome form should be completed fully and accurately, and where a developmental outcome has been issued, the reasons for the outcome must be explained on the form. Where there is sufficient concern that future failure to achieve educational targets may result in an outcome 4 being issued, this should be stated explicitly on the form.

3.3 Use of Outcome 5 - Incomplete evidence presented

- a. In line with the GG and DGG, Outcome 5 may be awarded in instances where the panel can make no statement about progress or otherwise since the trainee has supplied either no information or incomplete information to the panel.
- b. The panel should distinguish between
 - i. those who have not presented sufficient evidence;
 - ii. those who have not presented sufficient evidence as a result of non-engagement.
 - iii. those who have not presented all required evidence due external factors.
- c. When a trainee fails to submit a completed Form R that reflects their full scope of practice since their last review, they are issued with an ARCP outcome 5 with 2 weeks to remedy the situation (GG9:4.126). See Appendix A.
- d. Outcome 5 is a holding outcome, which the trainee cannot remain on. It needs to be reviewed by the panel or chair within a defined timescale (must be within a maximum of 8 weeks) and must be before the end of the training period being considered (GG9:4.94, footnote 24).
- e. At this review the time period should be the same as covered at the ARCP where the outcome 5 was given.
- f. The panel will delineate what outstanding evidence is required from the trainee for an Outcome 1 and give authority to the chair of the panel to issue an Outcome 1 if satisfactory evidence is subsequently submitted.
- g. Trainees should *normally* be given 10 working days to produce the required evidence. The panel chair has authority to review the outcome 5 and issue an appropriate alternative ARCP outcome as agreed during the original ARCP panel.
- h. If the panel considers that an Outcome 2, 3, 10s or 4 is likely on the basis of the evidence available, then a panel would normally be reconvened on receipt of the evidence.

- i. Exceptionally and with approval of the Head of School or equivalent it may be determined that more time is required to collate the evidence and the panel may provide the trainee with up to eight weeks to produce the evidence required.
- j. Trainees should always be notified that failure to produce evidence within the agreed timespan would be responded to by issuing either an outcome 2, 3 or 10s and advice that this will occur should be highlighted at the same time that the outcome 5 is issued.
- k. When a trainee is awaiting an examination result, an Outcome 5 should only be issued when the result will be known before the end of the training period being considered.
- l. The ARCP form for the Outcome 5 is saved at the time of the ARCP and should not be held as a draft document. A date to review the documentation (by panel or Chair) should normally be within 4 weeks of the ARCP; if later this should be with the prior agreement of the Head of School or equivalent.
- m. Following the timely review of any Outcome 5 (which must be no later than eight weeks after ARCP), the further outcome should be added to TIS on the date that the review takes place, not the original date of the panel. If the review exceptionally takes place on the same date, then the following date should be used when adding this to the Trainee Information System (TIS) as the database cannot currently capture two reviews on same date.

3.4 Panel De-Brief

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

4. Post ARCP

4.1. Sending the outcome and actions required

- a. 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).
- b. 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.
- c. 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.

- d. Trainees should be provided with relevant guidance for the outcome received, including how to request a review/appeal if appropriate.

4.2. ARCP feedback to trainees

- a. All ARCP panel decisions will be made with the trainee in absentia (GG9:4.83). 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.
- b. A range of options is available to support delivery of ARCP feedback to trainees, for example:
 - i. Remotely through ARCP outcome letters or via trainees being directed to the e-portfolio ARCP outcome section, with planned follow up and with a clear feedback discussion at the trainee's base.
 - ii. Locally delivered through, for example, feedback from the educational supervisor ensuring trainers are also informed of trainee outcomes in a timely way
 - iii. For outcomes other than 1 or 6 the trainee could meet one, or sometimes two experienced individuals (see below)
- c. Meetings must only take place after the outcome has been decided by the panel.
- d. Meetings with trainees are not used as a vehicle to change the decision of the ARCP outcome. The meeting is intended to communicate the outcome of the ARCP in a supportive manner, to assess curriculum and capability/confidence gaps and agree the educational plan and learning objectives for the next period of training to address them.
- e. If a trainee has not met requirements as needed, this will be discussed at a meeting. The principle of the meeting is to ensure that the trainee understands the outcome and actions required and has the opportunity to discuss the reasons for the lack of progress and support that will help.
- f. The individual(s) providing the feedback should:
 - i. refer to the ARCP paperwork that has been completed at the review to provide clear reasons as to why the outcome has been awarded and the actions that need to be undertaken. This will form the basis of the action plan;
 - ii. summarise which competences have been achieved and clearly state what further evidence is required for the next review;
 - iii. ask the trainee if they understand the outcome and inform them of their right to have the decision reviewed/appealed;
 - iv. ask for any further information may inform future support needs
 - v. enquire whether other reasonable support or adjustments can be made for their next period of training;

- vi. provide the trainee with guidance on outcomes and any required action.

4.3. Data entry

- a. It is important for ARCP outcomes to be accurately recorded on TIS normally no later than 10 working days after the ARCP date.
- b. Content of TIS, the portfolio and correspondence should be copied and pasted to exactly match on all records.
- c. There is no need to record ARCP outcomes in hardcopy if the trainee is signing off the outcome and notes through an electronic portfolio. Hardcopy ARCP forms and signatures may be required if there is no other method of sign off by the trainee.
- d. Any changes to information contained in the Form R should be amended on TIS/ESR (Electronic Staff Record).
- e. 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.

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

- a. Information should be available to the Local Education Provider as appropriate.

4.5. Ratifying Action Plans

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

4.6. Reporting

- a. Reporting to the Employer: The employing organisation (where a lead employer model is in place) should be informed of all changes made to CCT dates so that 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.
- b. 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).

- c. Reporting to the Revalidation Team (for doctors in training): The Revalidation Team should be informed of any changes to CCT date, concerns regarding revalidation and other job declarations made within the scope of practice. All revalidation information for Military trainees is to be sent to the Military revalidation team no later than two weeks after the date of the ARCP.
- d. Reporting to the Defence Deanery: It will be the norm for a member of the Defence Deanery to sit on the panel of any military trainee. In addition, as per the Memorandum of Understanding between NHS England and the Defence Deanery, “Within 30 days of the ARCP the HEE¹ local team will provide appropriate and relevant information to the Responsible Officer (DPMD) to enable the Defence Deanery to fulfil its responsibility to revalidate individual trainees. This includes a copy of the ARCP outcome form”.
- e. Reporting to NHS England’s Overseas Sponsorship Team: The team should be informed if a trainee receives an outcome that requires additional training time, leaves the training programme or a change is made to the CCT date.

5. National and Regional ARCP Panels Process

- a. A number of small specialties have moved towards regional or national ARCP panels.
- b. Where this is the approach, the process becomes the responsibility of the host Postgraduate Dean and should be conducted in line with the ARCP processes as described above.
- c. The financial responsibility also remains with the Postgraduate Dean who is responsible for the trainee.
- d. In addition to informing the trainee, the national/regional ARCP Panel chair must ensure all unsatisfactory ARCP outcomes are conveyed to the local Educational Supervisor, Training Programme Director (TPD) and Postgraduate Dean. This is to ensure that any concerns around the educational environment can be addressed and so that appropriate local trainee support can be implemented.
- e. As per the Appeals SOP, the trainee must be informed of their right to request a review of an outcome 2 or 10.1. The original administering NHS England Office/Deanery will support the ARCP Panel Chair in conducting the review. The Chair of the panel must ensure the review outcome is sent in writing to the trainee, local TPD and Postgraduate Dean.
- f. Where an outcome 3, 4 or 10.2 is awarded the trainee must be informed of their right of appeal which must be submitted in writing to their Postgraduate Dean. Any subsequent appeals should then be managed as detailed in the Appeals SOP.

¹ Now NHS England

APPENDIX A – NON SUBMISSION OF FORM R OR SOAR GUIDANCE

1. When a postgraduate doctor in training (PgDiT) fails to submit a completed Form R or SOAR that reflects their full scope of practice since their last review, they are issued with an outcome 5 (O5) with 2 weeks to remedy the situation (GG9:4.126)
2. If they re-submit within the 2-week time frame, they receive an ARCP outcome appropriate for their educational progression and alignment with Good Medical Practice (GG9: 4.127). The original O5 stands and is recorded in the e-portfolio because it is important to record repeated O5s, which may trigger later non-engagement processes.
3. If after the 2 weeks they still fail to submit a satisfactorily completed Form R or SOAR and this is the first time that this situation has arisen within the training programme, for core, specialty, and GP Specialty Trainees (GPSTs) an outcome 2, 3 or 4 is issued (according to training progression). A note is made on the trainees record that they did not submit a completed Form R or SOAR. NB Outcome 1 (or 6) is not awarded even if there are no training concerns (GG9: 4.128).
4. In addition, the PgDiT should normally be called to a support meeting with their Postgraduate Dean/Responsible Officer or their nominated deputy (which may be delegated to the Head of School or Training Programme Director) - GG9:4.126.
5. The purpose of that meeting (which may be face to face or virtual) is to discuss the reasons for non-submission and to clarify next steps if the situation is not rectified.
6. For PgDiTs who fail to submit a completed Form R or SOAR, after the Outcome 5 is issued and a support meeting offered where this is a repeated situation, the process of referral to the GMC for non-engagement with revalidation should be commenced (GG9:4.129). The PgDiT should be sent a minimum of 3 reminder letters requesting Form R or SOAR submission before escalation under non-engagement procedures.
7. Should the PgDiT subsequently provide the completed Form R or SOAR, then a further ARCP will be convened to review the Outcome 5. After that review, an appropriate ARCP outcome that reflects their progression in the training programme can be awarded (GG9: 4.130).