Good practice in the Annual Review of Competence Progression (ARCP) in Oxford PGME programmes

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Executive summary

The ARCP good practice project group worked between July 2013 and January 2014, receiving advice and contributions from those listed below.

The Post Graduate Dean
The Head of Business and Operations
The Deputy Dean
The GP Dean
The Associate Deans for
    Educator and Faculty Development
    Quality
    Revalidation
The Director of the CDU
The Foundation School Manager
The GP School Manager
The OUCAGS Manager
The Revalidation Manager
The Specialty Schools Managers

The recommendations were approved by the PGME Executive team in January 2014, and was disseminated from February 2014 to Associate Deans, Heads of School, Training Programme Directors. Training for supervisors through workshops delivered by HETV in Trusts, and using the same material in the annual specialty school training events.

The material is valid for three years, or until such time as a national directive is issued necessitating earlier review and editing.
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1 Introduction

Since ARCPs replaced RITAs (Record of In-Training Assessment) there has been considerable improvement in the quality of the annual review of doctors in training.

Each specialty approaches their ARCPs with slightly different emphases, with slightly different interpretations of the rules (such as having an external assessor attend for all trainees reviewed on a single day, instead of the 10% minimum, or choosing to debrief all trainees face to face regardless of outcome) and a multiplicity of methods of screening the evidence presented, which is acceptable provided that the Gold Guide or Foundation Programme Reference Guide regulations are followed.

With the advent of revalidation there is a need for some standardisation and this paper is written to ensure that ARCPs in Oxford PGMDE programmes are appropriate and support trainees through this process. The Gold Guide and FP Reference Guide make it clear (GG section 7.78 of the 2010 v4 edition, FPRG section 19.11 to 10.72 for F1 and 11.11 to 11.63) that the decisions reached by the panel have far reaching implications both for the individual trainee, and the patients they treat.

2 Purpose

This policy sets out a model of ‘best practice’ for efficiency, efficacy and fairness, reiterates the requirement for quality assurance, and aims to enhance the postgraduate trainee’s experience, and that of the panel.

An appendix with a timeline to plan ARCPs has been attached as a ‘quick reference’ guide. An ARCP that adds value to a trainee’s annual review is well prepared by all parties involved.

3 Scope

This policy covers the Annual Review of Competences for Progression (ARCP) process, and involves staff from the following groups:

Postgraduate trainees in the PGME training programmes

Educational supervisors of these trainees
Training Programme Directors
Heads of School
Associate Deans
HETV Lay representatives
HETV Specialty School Managers and Teams

4 Definitions

a. The ARCP is an annual review which MUST occur for every trainee once in each calendar year, and is usually timed towards the end of the training placement for full time trainees.

5 Duties

5.1 The properly constituted ARCP Panel for Specialty Trainees

The Gold Guide (v4, 2010) outlines explicit requirements for the ARCP panel composition and function of panel members. The Gold Guide sets out the minimum number of assessors for any trainee as three (section 7.51).

A properly constituted ARCP for trainees in Oxford PGME programmes panel should have:

- A chairperson, usually either the Head of School, or a Training Programme Director.
- The Dean or one of the Associate Deans should be present.
- Lay and External representation at all ARCP panels is best practice, and must be present to review at least 10% of trainees.
- If any trainee holding an academic post is being reviewed, this should be carried out according to the OUCAGS ARCP guidance (link here)

5.2 What the trainee must do in advance:

Trainees should steadily build their portfolios during the training year, which should be reviewed by the Educational Supervisor at the beginning of each training phase, at a midpoint and finally no later than three weeks before the ARCP panel convene. It is incumbent upon the trainee to ensure that their evidence is uploaded, and that any material for revalidation is properly completed, with signatures from all
parties, no later than two weeks before the ARCP. If the enhanced form R is not received two weeks before the panel meets, the trainee will be automatically issued with an outcome 5, as per instructions from the national Lead Dean for Revalidation. Trainees still being reviewed under the RITA process must also complete paperwork within the prescribed timescale, and failure to do so will lead to the issue of a RITA D certificate.

In order that they can proceed smoothly to their next phase of training the trainee must have an up to date portfolio, which demonstrates the competency progression required by their curriculum. This will include the relevant assessments required by their programme for that period of their training. The nature and numbers vary by specialty, so it is essential that the trainee identifies their curriculum requirements at the start of each year of training.

Trainees must have an up to date Educational Supervisor’s report in their portfolio, which requires a face-to-face meeting with the ES to complete and discuss before submission.

Trainees holding ACF or ACL posts will be expected to submit an Academic Supervisor’s report with their evidence. Trainees currently in OOPR must also submit an Academic Supervisor’s report.

When an ARCP panel reviews evidence, the trainee is not expected, nor permitted, to be in the room with the panel. The few trainees still being reviewed under the RITA process are required to attend and present their evidence. However, ALL trainees in specialty programmes should ensure that they have arranged time away from their workplace to meet the panel after the outcome has been decided, if requested to do so. Foundation trainees are not routinely seen face to face. Attendance is the norm in some specialties, and only for those not getting outcomes 1 or 6 in others. This will be made clear when the Specialty School Manager confirms your ARCP date.

5.3 What the Educational Supervisor must do

The Educational Supervisor must have reviewed ALL of the evidence for the ARCP panel, including all assessments, PDP, curriculum completion, skills and development logs and any other items required by the school. All the certificates for mandatory courses and examination passes should be viewed. If any evidence is lacking the ES should remind the trainee to complete it.
At every meeting and portfolio review, the trainee’s fitness to practise should be considered, especially if there are any complaints or the trainee is subject to any investigation following critical incidents.

Before the ARCP, the ES should speak to the trainee’s Clinical Supervisor/s to assure themselves that the evidence provided is valid and so that they are aware of any concerns in the training placements during that year.

Once all this has been done, the ES should meet with the trainee and complete the annual training report on the e-portfolio. It is vital that the report is as full as possible as this is a key piece of the evidence to the ARCP panel. The supervisor’s report (on many eportfolios) now includes questions about revalidation, asking the ES to confirm that there are no concerns that would affect revalidation, and about the effects of health and probity. For trainees whose eportfolio does not yet have the questions embedded, a paper version is available and will be circulate by the Specialty School Managers when ARCP dates are confirmed with trainees. The trainee will also bring to this meeting a ‘Wider Scope of Practice’ form they must complete if they have been working in any other medical capacity during the year. The ES must sign to say that they are aware of the work and that they have discussed any implications of this work on the training and whether the trainee is adequately trained to take on this extra work. They should also ensure that the trainee has reflected on any incidents in those posts.

If an ES anticipates that a trainee is unlikely to be awarded a satisfactory outcome (outcomes 1 or 6), the ES should inform the Specialty School Manager and TPD or Head of School in advance.

This is because all trainees likely to be given an ‘unfavourable’ outcome (outcomes 2, 3, 4, 7:2 or 7:3 for specialty trainees, 3 or 4 for foundation) must be informed in advance of the possible decision. (Gold Guide 2010 7.60 p 65). Outcome 2 is not, however, a ‘non-progression outcome’, and has no impact on length of training. The trainee will be required to meet with the panel and so this will need to be arranged when timetabling of the ARCPs.

5.4 What the Head of School or Training Programme Director should do in advance

It is good practice for the Head of School or TPD or nominated deputy (necessary in large specialties) to look at their trainees' portfolios in advance of the ARCP panel. This is very helpful to warn of likely problems that have not already been identified.
It also allows for a more efficient chairing of the panel, and a lesser risk of unexpected ‘over-runs’ on the day.

The Head of School or TPD must contact the specialty programme manager in the PGMDE to ensure that trainees likely to need support are allocated sufficient time for the face-to-face review. Additional time should be scheduled to speak to and support these trainees AFTER the panel has reaches its decision. This will be especially useful in those specialties that see all trainees face to face regardless of expected outcome.

*Penultimate Year Assessment:* this review is done in the medical specialties and requires the attendance of an external college reviewer. **PYA reviews are separate from the ARCP process,** and should be done in advance of the ARCP, as they are part of the evidence to consider. The PYA can be done immediately before the ARCP, but must factored in to timetables where trainees have a debrief immediately after the panel reach their decision (i.e. do not schedule 20 minute slots for PYA, ARCP and debrief as it is too short a time to complete this work)

External Assessors for PYAs must be briefed in advance and required to read the relevant documents on line if the trainee has an eportfolio.

External assessors should send a copy of any report sent to the medical Royal Colleges to the Quality Manager in the PGMDE.

The panel chair should discuss with the Associate Dean which of them will complete the ES report feedback proforma and return to the Manager for Educator Development (tool being piloted AW 2013 in GP, Medicine and O&G). Feedback forms will be sent to the Head of School and panel chair for debriefing of supervisors.

**5.5 The role of the Post Graduate dean or their nominated representative**

The Dean or Associate Dean is present at Specialty ARCPs to provide guidance and the assist in quality assuring of the process. He or she cannot be a practising clinician in the specialty whose trainees are being reviewed, as there is the potential for conflict of interest and bias. He or she is required to complete a quality proforma on the proceedings and submit to the Quality Manager. (Piloted A/W 2013, for widespread use from May 2014)

He or she may be asked to complete the ES report feedback forms and return these to the Education Manager (Piloted A/W 2013 in GP, Medicine and O&G). This form is not currently used in Foundation.
5.6 **The role of the Lay Representative**

The Lay Representative is key to assisting in quality assuring the ARCP process. He or she is expected to submit a report to the Quality Manager after each ARCP panel. He or she is the ‘eyes and ears’ of the general public and has a specific remit to be reassured there are no patient safety issues, and report any concerns identified on this matter immediately to the Dean.

6 **Process**

6.1 **Good practice at the ARCP review**

The trainee should not be present during the panel review of the evidence submitted for the ARCP. (Trainees having a RITA are present however).

The ARCP chair, with the other panel members, needs to make two judgments. Firstly the ARCP outcome will be decided and secondly, a confirmation that there are no revalidation concerns should be made.

The ARCP outcome decision is made from examination of the evidence provided (PDP completion, assessments, examination results, clinical governance activity, courses attended, log books, completion of curriculum, learning agreements etc). ‘Missing’ evidence, i.e. not provided by the trainee in advance of the panel convening, cannot be taken into account.

If any of the panel members knows the trainee well, and especially if they are a current Clinical or Educational Supervisor, they must not ‘steer’ the decision as to which outcome is awarded and should be asked to leave during the discussion of that particular trainee, provided that the panel remains quorate.

All observations must be objective and based on the evidence presented: hearsay cannot be used to inform the panel, whether complimentary or otherwise.
### 6.2 ARCP outcomes

#### Specialty training ARCP outcomes

<table>
<thead>
<tr>
<th>Outcome 1</th>
<th>The trainee has achieved all the required technical and educational targets set for the period of training under review</th>
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<tr>
<td>Outcome 2</td>
<td>The trainee has almost achieved the targets set, and does not need to have the CCT date delayed. This may be a small shortfall in WPBA numbers Exam failure may be such a target, unless the trainee is at a point in training where continued progress demands exam success, in which case an outcome 3 may be correct.</td>
</tr>
<tr>
<td>Outcome 3</td>
<td>This trainee has not achieved the mandatory training targets set for the period of training and will need more time in programme to achieve these targets.</td>
</tr>
<tr>
<td>Outcome 4</td>
<td>This trainee is leaving the programme, either with the required competences having been achieved, or without. These trainees will have had their training time prolonged by having previously been awarded outcome 3 and have still not achieved the educational targets required to progress further. THIS OUTCOME IS NOT TO BE GIVEN TO TRAINEES WHO ARE CHOOSING TO CHANGE SPECIALTY OR LEAVE TRAINING FOR ANOTHER REASON.</td>
</tr>
<tr>
<td>Outcome 5</td>
<td>This trainee has not submitted the required evidence of training to the ARCP panel and a decision on their progress cannot be made. This trainee is expected to respond within 5 working days as to why the evidence was not provided, and then produce the necessary evidence within two to six weeks of the date of the ARCP. Once the evidence has been submitted, the panel should award an outcome 1,2,3 or 4 as appropriate in the light of the evidence submitted</td>
</tr>
<tr>
<td>Outcome 6</td>
<td>This trainee has satisfactorily completed the <strong>entire specialty training programme</strong> and can apply for the CCT.</td>
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This outcome MUST not be awarded at the end of core training, where 1, 2, 3, 4 5 or 7 are given as appropriate.*

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<tr>
<th>Outcome 7</th>
<th>This prefix is used for trainees in LAT or FTSTA posts. The suffix is .1, .2, .3 as above, EXCEPT outcome 7.4 is insufficient evidence, not leaving the programme.</th>
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<tr>
<td>Outcome 8</td>
<td>This trainee is currently 'out of programme'. This may be for research, specific clinical experience elsewhere, or as a career break.</td>
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* We understand the v5 of the Gold Guide is likely to advise that Outcome 6 will be issued at the end of Core Training Programmes. However, v5 has yet to be published.

**Foundation ARCP outcomes**

The FP Reference Guide 2012 mandates use of the following foundation ARCP outcome codes:

<table>
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<th>Outcome Code</th>
<th>Description</th>
<th>Notes</th>
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<tr>
<td>1</td>
<td>Satisfactory completion of F1</td>
<td>The F1 ARCP panel should only use this outcome for foundation doctors who meet the requirements for satisfactory completion of F1</td>
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</table>
| 3            | Inadequate progress – additional training time required | (Applicable to both F1 and F2) This outcome should be used when the ARCP panel has identified that an additional period of training is required which will extend the duration of training.  

The panel must make clear recommendations about what additional training is required and the circumstances under which it should be delivered (e.g. concerning the level of supervision). It will, however, be a matter for
the deanery/foundation school to determine the details of the additional training within the context of the panel’s recommendations, since this will depend on local circumstances and resources.

The overall duration of the extension to training should normally be for a maximum of one year. The panel should consider the outcome of the remedial programme as soon as practicable after its completion. The deanery/foundation school should inform the employer and training placement provider if this outcome is assigned.

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<tr>
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<th>Released from training programme</th>
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<td>4</td>
<td>(Applicable to both F1 and F2) If the panel decides that the foundation doctor should be released from the training programme, the deanery/foundation school should discuss with the GMC as there may be fitness to practise concerns. The panel should seek to have employer representation.</td>
</tr>
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<th></th>
<th>Incomplete evidence presented – additional training time may be required</th>
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<td>5</td>
<td>(Applicable to both F1 and F2) The panel can make no statement about progress or otherwise since the foundation doctor has supplied either no information or incomplete information to the panel. If this occurs, the foundation doctor may require additional time to complete F2. The panel will set a revised deadline for completion of the e-portfolio and associated evidence. Once the required documentation has been received, the panel should consider it. The panel does not have to meet with the foundation doctor and the review may be done “virtually” and issue an alternative outcome.</td>
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<th>Recommendation for the award of the Foundation Achievement of</th>
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<tr>
<td>6</td>
<td>The F2 ARCP panel should only use this outcome for foundation doctors who meet the requirements for satisfactory completion of the Foundation Programme/F2.</td>
</tr>
<tr>
<td>Competence Document</td>
<td></td>
</tr>
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<td>---------------------</td>
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<tr>
<td>8 Time out of Foundation Programme</td>
<td>(F2 only) It is unusual for foundation doctors to take such a career break. However, the panel should receive documentation from the foundation doctor indicating what they are doing out of programme and their expected date of return.</td>
</tr>
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NB Outcomes 2 and 7 (as used in specialty training) are not used/transferable to foundation training.

The electronic ARCP forms have sections where comment / feedback for the trainee are to be recorded. This should be done for all trainees as it is a useful development aide.

### 6.3 Revalidation

After the training review, the panel should consider the evidence submitted to inform revalidation.

This involves ‘triangulation’ of reports from the trainee, their Educational Supervisor, and the Trust where the trainee is currently employed. This material should always have been sent, two weeks in advance, to the Specialty School Manager in the Deanery.

The trainee must–

- Have an up to date registration form, Form R, which includes a declaration about any Serious Untoward Incidents (SUI) and complaints
- Complete a Wider Scope of Practice form if involved in any other medical work

*Trainees being reviewed under the RITA process are also required to submit Form R and associated material two weeks before the meeting. Failure to comply will result in an RITA D being issued.*

The revalidation confirmation should be straightforward. If there have been any Fitness to Practise concerns about the trainee, they should already have been notified to the PGMDE. If there are any open investigations of complaints or
incidents this should be documented and an assessment made by the panel as to whether they consider this would be a fitness to practise concern.

_Trainees completing their training programmes and revalidation_

All trainees are revalidated within four months of their award of CCT so it is essential that panels be convened not longer than 4 months before CCT.

An outcome 6 should only be given at an ARCP panel where the trainee has provided all the revalidation information. There is no provision in the Gold Guide for outcomes to be given outside an ARCP process. It is appreciated that this may mean organising panels at odd times for individual trainees with CCT dates outside the usual panel meetings.

It is also essential that the Revalidation Manager is made aware of the outcome 6, preferably in advance, so that the GMC can be informed, and the Dean as RO can recommend revalidation.

6.4 Assuring the Quality of the ARCP.

The Gold Guide states that **at least a Lay Representative and an External Assessor should review 10% of the cohort being assessed**. The role of the External Assessor and Lay representative is to assure fairness in treatment of the trainees, and that patient interest is protected. Locally it is preferred that as many ARCPs as possible should be attended by a Lay Representative.

The lay and external representatives, and AD each complete a report after the ARCP, detailing any concerns about the process and highlighting anything relevant to the quality of the process. This is submitted to the PGMDE Quality Manager.

6.5 Meeting the trainee after the ARCP review

In some specialties, all the trainees are seen at their ARCP and in others, only those with adverse outcomes. The interview process may therefore vary accordingly. Those trainees who have had an adverse outcome will require a longer time and the interviews must be scheduled accordingly. Generally such trainees will require at least ½ hour.

The interview must only take place AFTER the outcome has been decided by the panel, and is not a discussion and debate with the trainee about which outcome is given. At an interview, there should not, ideally, be a consultant from the department
where they are currently placed, nor their Educational Supervisor. This may not be possible in small specialties, but such presence may inhibit the trainee.

6.6 Managing the trainee needing support

All Trainees who have outcomes 2, 3, 4, 5, 7:2, 7:3 or 7:4 will need some support.

The majority of trainees receive an outcome 1 or 6. However, across all programmes up to 20% may receive an outcome 2 or 5 (7:2), and 5% an outcome 3 (7:3).

All trainees who do not receive an outcome 1 or 6 have to be interviewed, have the decision explained and given recommendations for improvement. This can be done on the day of the ARCP or it may be scheduled later, with an appropriate panel, agreed by the ARCP review panel.

It is advised that those trainees facing an outcome 3 or 4 should be seen by a senior member of the local school, the External Assessor, the Associate Dean, and the Lay Representative, with the Specialty School Manager or administrative assistant to minute the conversations. Trainees given these outcomes are likely to be upset, and may seek advice on appealing against the panel decision.

It is most helpful for the trainee and their subsequent educational supervisor(s) if the ARCP panel outcome report clearly explains exactly what improvements in performance are required, what additional evidence is needed, and by when. The more clarity at this point, the better informed and more effective can be the planning of the next stage of training (see point 8 below).

The Associate Dean and local school senior member should outline the support available locally, and the process to be followed if a review is sought.

Trainees given an outcome 5 are required (Gold Guide, section 7.70) to explain within five days of being given the decision why evidence is missing and should expect to submit the missing evidence for consideration. It is best practice to be consistent and allow all trainees in this situation the same window to submit missing material. Locally this is normally between two and six weeks.

6.7 Trainees leaving the programme

Trainees may leave programmes for a number of reasons. Some do so to pursue training in a different specialty, often having achieved the competencies required by their current programme. It is important for these trainees' future, that they are assigned the correct outcome by the ARCP panel. Therefore they should be given the appropriate outcome for the past year when they leave.
An outcome 4 should be reserved for trainees who are removed from the training programme by the panel because of insufficient progress.

In the Gold Guide it states: **Outcome 4: Released from training programme with or without specified competences**…

The panel will recommend that the trainee be released from the training programme if there is still insufficient and sustained lack of progress, despite having had additional training to address concerns over progress. The panel should ensure that any relevant competences that have been achieved by the trainee are documented.

All trainees leaving the programme will be required to give up their National Training Number, but may wish to seek further advice from the Postgraduate Dean or their current employer about future career options, including pursuing a non-training but service-focused career pathway.

6.8 Planning the next phase of training

After receiving formal notification of their ARCP outcome trainees should meet with their Educational Supervisor to plan the next phase of training. Good quality written information provided to the trainee by the ARCP panel, for example in the panel outcome report, is essential to this process. In many specialties this may be most efficiently achieved at the induction interview immediately after rotation to the next post, as most ARCPs are done in the last month of the training year. TPDs should be involved in the planning of supportive and / or remedial training for trainees receiving outcomes 2 and 3.

6.9 Reviews and appeals against a decision

Oxford PGMDE has a developed a working policy on Reviews and Appeals, which should be available to all Training Programme Directors who have a trainee who plans to appeal.

In summary:

Trainees who receive an outcome 2, 3 or 4 can ask for a **review** of their outcome. (Gold Guide, 7.11…). This is the first stage of the process where a trainee may dispute the panel’s decision, and allows the panel to reconsider their decision. Additional material can be submitted by the trainee if it is relevant to inform the decision made by the panel.

An **appeal** is the second stage of the process, and is required when the review upholds the original award and the trainee remains dissatisfied. Trainees given
outcome 2 cannot appeal, whereas those with outcomes 3 or 4 can. The trainee has to write to the Postgraduate Dean within ten working days of the review, asking for an appeal hearing to be arranged. The Appeal Review is undertaken by a different group of educators to those on the original panel, and any subsequent review.

The Gold Guide stipulates the composition of an Appeals panel (7.128)

- The PG dean or an Associate Dean
- A specialty representative (e.g. College tutor, who need not be part of Oxford PGMDE)
- A senior clinician from a different specialty within the Oxford PGMDE
- A senior trainee from a different specialty (members of the Oxford PGMDE TAC may be approached)

In Foundation, the FPRG stipulates that the appeal panel composition as:

- PG Dean or Representative (Chair)
- Independent FSD or FTPD from another Foundation School
- At least one consultant or GP from the same Foundation School
- A Lay Rep
- Doctor in training from another Deanery

Rep from personnel/HR of the employer or Deanery to advise the chair

Trainees may bring additional representation, such as a friend, colleague, or a representative from a professional body such as the BMA. It is not usual for a family member or legal representative to be present at Appeals. If the trainee wishes to bring a legal representative, this must be notified to the Chair of the panel in advance, and they should normally agree. The Gold Guide sets out a reminder to legal professionals about appeals governance procedures (7.130)

6.10 Learning from Reviews and Appeals for the Educator Faculty

There are always learning points from reviews and appeals, which should be shared both in confidential feedback to the trainers directly involved, and, after anonymisation, with senior educators (such as PGMDE staff, Heads of School and
Directors of Medical Education) who should facilitate wider dissemination to their TPDs and supervisors.

The PG Dean or their nominated representative should facilitate confidential feedback with individual clinical or educational supervisors. The TPD or Head of School, and the DME at the employing Trust should be made aware of the issues identified, as they are key in supporting their colleagues and / or changing systems to improve trainer and trainee experience in the future. Where necessary, additional training for the trainer should be arranged. The Associate Dean for Educator Development can assist in identifying such opportunities.

Wider learning points can be shared through

- Specialty school board meetings
- Specialty educational events / training days
- The Deanery website
- The Annual Educators’ Day

7 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.

8 Implications and associated risks

9 Education and Training Requirements

Training for supervisors and senior educators is provided by HETV and by some medical royal colleges. Evidence of acceptable training is required as part of the assessment and approval process for recognising a trainer.

10 Monitoring Compliance and Effectiveness

Reports of the ARCP are routinely submitted to the Quality management team by the lay representative and external assessor (if present). The Associate Dean is required, from 2014, to submit a similar report on a proforma developed by the HETV Quality team.
Review of reports after ARCP by the Quality Management Team.

The Quality Management Team will follow up queries regarding discrepancies and if there are serious concerns, the Post Graduate Medical dean will be informed and will take the necessary action.

There is a feedback process to the ADs and Heads of School.

11 Associated Documentation

Oxford PGMDE policy for approving and recognising trainers (excluding General Practice) November 2012

12 References

a. The Gold Guide v4, 2010
Appendix A:

ARCP Models

Specialties adopt various format and styles in their ARCP panels within the Oxford PGMDE programmes. Foundation has a different model again.

(a) We believe that the model used by some schools where all trainees’ evidence is reviewed by the full panel during a morning session, followed by smaller groups of two or three members who debrief trainees face to face in the afternoon has much to commend it. This is for the following reasons:

- The Chair person has an overview of all the trainees on the programme
- The External Assessor and Lay Representative can assure that all trainees are assessed equally
- The Associate Dean can ensure proper procedure is followed for both the ARCP and Revalidation processes, and advise what to do where there are concerns over individual trainees
- Timetabling can ensure that the academic representatives are present for the academic trainees when needed
- Each hospital in the programme can send a representative to help planning and delivery of training, and gather information on new trainees rotating to their trust after the ARCP
- For the review of evidence and decision-making.

Our experience is that this method of working can accommodate 20-24 trainees a day (including a few who may be on maternity leave or out of programme overseas and will not be present for afternoon interviews), starting at 9.00 am and finishing at 4.30 pm.

(b) A model where the panel meets to review the evidence and then identifies the trainees who will be invited to attend on another nearby date can be effective. However, this requires the same consultants to be present on both occasions.

(c) On the whole, programmes where entire panels interview each trainee immediately after examining the evidence are inefficient, time consuming and intimidating.

(d) A model where TPD’s check the ePortfolio of trainees prior to ARCP date (specialty specific paperwork deadline 1 week before). A panel meets and spends 1 hour going through anticipated outcomes / missing documents etc before splitting into 2/3 separate panels and seeing each trainee face to face.
This can be adapted for specialties who don’t want to see all trainees. TPD’s check ePortfolio prior to ARCP and compose a list of trainees who are expected to have an unsatisfactory outcome; these trainees can then be invited to attend a face to face ARCP along with a random 10%. Both methods enable the Associate Dean to sit in panel for trainees in need of support.

(d) In Foundation

There are approximately 500 trainees requiring an ARCP. These are conducted over five working days, with 4 to 5 panels running at any one time.

‘Follow up’ ARCPs are scheduled two weeks later, as potentially 200 trainees will require second round reviews to take place.

Third week required for stragglers.

Foundation only meets those getting an outcome 3 or 4.
Appendix B: Timescale for preparation for ARCP

Throughout training year:
- Trainee to meet ES to sign Educational agreement, review PPD.
- Trainee to build portfolio of evidence including WPBAs, multisource feedback, publications, incident reviews, etc.
- Trainee and supervisor to maintain supportive dialogue around training throughout placement.
- Trainee and supervisor to meet formally at least once around mid point of placement.

About two months before ARCP:
- Trainee to make appointment with Educational Supervisor to review portfolio.
- Educational Supervisor to ensure any evidence from Clinical supervisors and other colleagues about trainee’s progress is collated (this is for Fitness to Practise and Revalidation).
- Date of ARCP review confirmed by Oxford PGMDE.

About three to four weeks before ARCP:
- Trainee and ES meet to review portfolio, identify any gaps, assess if these can be met within next week or two. ES to indicate whether training requirements have been met. NOTE: any trainee whose evidence does not map to the specialty curriculum targets for their phase of training exactly will probably not get an outcome 1.
- Trainee to discuss ‘Wider Scope of Practice’ with ES and complete paperwork to support revalidation process.

Two weeks before:
- Trainee to send enhanced Form B and Wider scope of practice to Specialty School Manager in Oxford PGMDE.
- If revalidation paperwork not received, the trainee will be given an outcome 5 at ARCP.
Appendix C: Specialty Annual Review of Competence for Progression (ARCP)
Outcome Form to be used if an electronic version not on e-portfolio

Trainee forename: 
Trainee surname: 
GMC No: 

Programme End Date (prior to review): 
Programme Specialty:  
Sub-specialty: 

NTN/DRN:  
GMC Trg Prog Approval No: 

Members of the Panel & appt (Lay, TPD, External, Academic etc) 
1. 
2. 
3. 
4. 
5. 
6. 

Date of Review: 

Period covered from: 
To: 

No. Of days of Time out of Training since last review (from Form R Part B): 

Level of Training: 1 2 3 4 5 6 7 8 
Grade: ACF / ACL / CL / CT / ST 
LAT ☐ FTSTA ☐ 

Approved clinical training gained during the period to be reviewed

Placement/Post/Experience From: To: In / Out of Programme FT / PT as % FT 
1. 
2. 
3. 

Documentation taken into account and known to the trainee

3. ☐ 4. 
5. ☐ 6. 

Recommended Outcomes from Review Panel

Satisfactory Progress
1. Achieving progress and competences at the expected rate

Unsatisfactory evidence (Details provided on supplementary sheet overleaf. The panel will also meet with the trainee.) If you recommend one of the denoted outcomes, you must provide reasons ("U" codes) why.

2. Development of specific competences required – additional training time not required (PROVIDE REASONS OVERLEAF) ☐ 2

3. Inadequate progress by the trainee – additional training time required (PROVIDE REASONS OVERLEAF) ☐ 3

4. Released from training programme with or without specified competences (PROVIDE REASONS OVERLEAF) ☐ 4

Insufficient evidence (Details provided on supplementary sheet overleaf.) ☐ 5

5. Incomplete evidence presented – additional training time may be required (PROVIDE REASONS OVERLEAF– No U code)

Recommendation for completion of the training programme (core or higher)

6. Gained all required competences for the programme ☐ 6

Outcomes for trainees out of programme or not in run-through training

7.1 Satisfactory progress in or completion of the LAT / FTSTA placement. ☐ 7.1

7.2 Development of Specific Competences Required – additional training time not required (PROVIDE REASONS OVERLEAF) ☐ 7.2

7.3 Inadequate progress by the trainee – additional training time (PROVIDE REASONS OVERLEAF) ☐ 7.3

7.4 Incomplete Evidence Presented – LAT / FTSTA placement. ☐ 7.4


Note: OOPT must have an annual review and would therefore be reviewed under outcome 1-5; not outcome 8

Top-up training ☐ 9

Grade/level at next rotation:

Trainee due to remain on academic programme? Yes ☐ No ☐
Trainee Name:

Outcome Recommended

National Training Number or DRN  GMC:

Detailed reasons for recommended outcome: (standard items on supplementary sheet following panel review)

1.
2.
3.

Discussion with trainee

Mitigating circumstances

Competences which need to be developed

Recommended actions

Recommended additional training time (if required)

Revalidation: (Information is available in the trainee’s Enhanced Form R, in the employer’s Collective Exit Report (and the Exception Exit Report when there is a concern) and in the Clinical Supervisor Report and Education Supervisor report).

Revalidation: There are no known causes of concern  □  There are causes of concern:  □

Revalidation: If concerns are noted above, provide a brief summary:

Date of next Review:  

Recommended CCT / Programme End Date (if changed from page 1)
These documents should be forwarded in triplicate to the trainee’s Training Programme Director (who must ensure that the trainee receives a copy through further appraisal and planning process). Where concerns are raised, a copy must also be sent to the Director of Medical Education where the trainee works for information and to support revalidation processes as well as to the College or Faculty. This information will also be submitted to the GMC electronically as part of the Deanery/LETB’s annual report to the GMC through the ARCP/RITA survey.

By signing the form, the trainee is indicating that they understand and agree that the information will be shared with other parties involved in their training as outlined above.

The trainee signature on the form indicates that they understand the recommendations arising from the review. It does not imply they accept or agree with them and they can have the recommendation reviewed as well as the right of appeal as delineated in Gold Guide Section 7.
Supplementary information required for GMC Annual ARCP/RITA Report:

Completed by Review Panel for Trainees who had an Unsatisfactory Review Outcome

<table>
<thead>
<tr>
<th>Code</th>
<th>Reason for unsatisfactory outcomes</th>
<th>Explanatory Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>U1</td>
<td>Record Keeping and Evidence</td>
<td>Trainee failed to satisfactorily maintain their Royal College/Faculty E-Portfolio including completing the recommended number of Work Placed Based Reviews; Audits; Research; structured Education Supervisors report; in accordance with recommendations for that particular Year of Training in line with the Royal College/Faculty curriculum requirements.</td>
</tr>
<tr>
<td>U2</td>
<td>Inadequate Experience</td>
<td>Training post (s) did not provide the appropriate experience for the year of training being assessed in order to progress. As a result the trainee was unable to satisfy the Royal College/Faculty curriculum requirements for the year of training.</td>
</tr>
<tr>
<td>U3</td>
<td>No Engagement with Supervisor</td>
<td>Trainee failed to engage with the assigned Educational Supervisor or the training curriculum in accordance with the Royal College/Faculty requirements for that particular year.</td>
</tr>
<tr>
<td>U4</td>
<td>Trainer Absence</td>
<td>Nominated Educational Supervisor or Trainer did not provide the appropriate training and support to the Trainee because of their absence on a sabbatical; through illness or other reasons; and no nominated Edn Supervisor deputy took over to ensure that an appropriate level of training was maintained. As a result the trainee was unable to satisfy the Royal College/Faculty curriculum requirements for the year of training.</td>
</tr>
<tr>
<td>U5</td>
<td>Single Exam Failure</td>
<td>Trainee failed to satisfy the respective Royal College/Faculty examination requirements to progress to the next year of training.</td>
</tr>
<tr>
<td>U6</td>
<td>Continual Exam Failure</td>
<td>Trainee failed to pass the respective Royal College/Faculty examination within the allowable number of examination attempts following a number of re-sits and is therefore unable to progress any further in this Specialty.</td>
</tr>
</tbody>
</table>
Trainee requires Deanery Support

Trainee has issues to do with their Professional personal skills for example: - behaviour / conduct / attitude / confidence / time keeping / communications skills etc and requires the support of the Deanery Performance Team.

Other reason (please specify)
Additional information required for GMC Annual ARCP/RITA Report:

Recorded by Deanery on the Deanery Database for Trainees who did not have a Review.

<table>
<thead>
<tr>
<th>Code</th>
<th>Reason for no ARCP during the Year</th>
<th>Explanatory Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>N1</td>
<td>Trainee Sick Leave</td>
<td>Trainee on long term sickness or other health issues have impacted on ability to complete the year of training being reviewed.</td>
</tr>
<tr>
<td>N2</td>
<td>Trainee Maternity/Paternity Leave</td>
<td>Trainee cannot be reviewed whilst on maternity leave.</td>
</tr>
<tr>
<td>N3</td>
<td>Trainee not In Post Long Enough</td>
<td>Too soon to complete a meaningful Annual Review within the ARCP/RITA reporting period.</td>
</tr>
<tr>
<td>N4</td>
<td>Trainee fell outside annual reporting period</td>
<td>Annual GMC reporting period is 01 Aug 20xx to 31 July 20xx but trainee was not reviewed during these 12 months.</td>
</tr>
<tr>
<td>N5</td>
<td>Trainee Post CCT</td>
<td>Trainee already completed CCT and now in period of grace.</td>
</tr>
<tr>
<td>N6</td>
<td>Trainee Missed Review</td>
<td>Trainee did not attend the Review. i.e. Analysis from Deaneries is that where a review panel was not arranged until July at end of reporting year and trainee could not attend; for last minute family reasons, transport problems etc. Panel had to be rearranged in early August but outside of GMC reporting period.</td>
</tr>
<tr>
<td>N7</td>
<td>Trainee Inter Deanery Transfer</td>
<td>Trainee left the programme early to take up a post in another Deanery</td>
</tr>
<tr>
<td>N8</td>
<td>Trainee reviewed in other Deanery</td>
<td>Trainee working in another Deanery who completed ARCP.</td>
</tr>
<tr>
<td>N9</td>
<td>Trainee Contract Termination</td>
<td>Trainee left and had their NTN/DRN removed due to lack of progression without achieving competencies to a satisfactory level.</td>
</tr>
<tr>
<td>N10</td>
<td>Trainee Gross Misconduct</td>
<td>Trainee currently suspended from training either as a result of GMC</td>
</tr>
<tr>
<td></td>
<td>Suspension or local Trust or other local disciplinary proceedings.</td>
<td></td>
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<tr>
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<td>--------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>N11</td>
<td>Trainee Suspension</td>
<td>Trainee suspended for reasons other than gross misconduct.</td>
</tr>
<tr>
<td>N12</td>
<td>Trainee Resignation</td>
<td>The trainee has left the training programme prior to its completion.</td>
</tr>
<tr>
<td>N13</td>
<td>Other reason (please specify)</td>
<td></td>
</tr>
</tbody>
</table>

Health Education Thames Valley