Annual Review of Competence Progression (ARCP) and Revalidation

Specialty Training – Secondary Care Policy Document

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<td>Ratified By</td>
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| Name and Title of originator/author(s) | Specialty School Managers  
Mrs Hilary Williams  
Mrs Sarah Holmes |
| Name of Responsible Officer | Professor Pushpinder Mangat |
| Name of Postgraduate Dean | Professor Peter Donnelly |
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On 1st October 2018, the Wales Deanery joined with the Wales Centre for Professional Pharmacy Education (WCPPE), and NHS Wales’ Workforce Education and Development Services (WEDS), to form **Health Education and Improvement Wales (HEIW)** - a new special health authority that sits alongside health boards and trusts as part of NHS Wales. The Wales Deanery is now referred to as ‘Medical Deanery’ throughout this document.
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1.0 Policy Statement

The Medical Deanery is committed to providing excellence in leadership and training for its doctors. As part of its commitment, it provides a service that is driven by quality supported by standard operating procedures and a corporate approach to policy development.

The Annual Review of Competence Progression (ARCP) process regulates the progress of doctors in training, assuring the trainee, the Postgraduate Dean and employers that the required competences are being attained.

It is essential for the Medical Deanery to have a clear policy and procedure which outlines a unified approach to the ARCP process for all specialty trainees in secondary care training programmes. This will ensure equity and transparency in our approach to trainee reviews.

The ARCP for trainees is governed by the requirements set out in the current version of the Gold Guide. This can be found at:
- A Reference Guide for Postgraduate Specialty Training in the UK (the Gold Guide)
  This guide can be found at: https://www.copmed.org.uk/gold-guide-7th-edition/the-gold-guide-7th-edition

2.0 Scope

This policy applies to all training grade doctors holding a Deanery Reference Number or a National Training Number (excluding General Practice & Foundation trainees). It outlines the corporate approach which must be utilised and referenced by those involved in the delivery of ARCP process. This policy includes the internal procedures and the standard documentation for managing the ARCP process.

The policy aims to clarify the roles and responsibilities of those personnel involved in the ARCP process on behalf of the Medical Deanery, including ARCP panel members, Educational and Named Clinical Supervisors and trainees.

3.0 National Context

In accordance with GMC requirements, Colleges and Faculties have developed assessment strategies which are blue printed against the specialty curriculum approved by the GMC and the requirements of the GMC’s Good Medical Practice. The ARCP provides a formal process which uses the evidence gathered by the trainee, relating to his/her progress in the training programme. It enables the trainee, the Medical Deanery and employers to document that the competences required are being gained at an appropriate rate and through appropriate experience. The Postgraduate Dean has the responsibility for ensuring appropriate management and administration of all ARCP systems, and for demonstrating that such systems meet the standards required of an effective assessment process. The Medical Deanery is committed to supporting high quality ARCP processes with:
- effective systems and documentation
- written guidance containing requirements and recommendations
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- clear responsibility and accountability
- support for faculty development.

4.0 ARCP Key Principles

The purpose of the annual review is defined in the Gold Guide. The ARCP panel provides a formal process which uses the evidence gathered by the trainee relating to their progress in the training programme.

It is undertaken on, at least, an annual basis for all trainees undertaking specialty training and will enable the trainee, the Postgraduate Dean and employers to review and document that the competences required are being gained at an appropriate rate and through appropriate experience.

If performance issues are identified, the process may be conducted more frequently if there is a need to deal with performance and progression issues outside the annual review.

For trainees who are training on a less than full time (LTFT) basis, the ARCP will still be conducted annually in addition LTFT trainees will also have an ARCP at times where it is required for progression of their training. As set out in Gold Guide (Version 7):

3.99 LTFT trainees should have an ARCP at points where decisions relating to progression in training are required and in addition should be assessed not less than annually.

The ARCP for LTFT trainees will look at progression on a pro-rata basis. For example, if a trainee is LTFT at 60% then it would be expected that the equivalent amount (approximately 60%) of competencies be achieved.

The ARCP process is a review of the documented and submitted evidence and as such Trainees must not be present at the panel considering the outcome.

The decision regarding how the evidence is reviewed and communicated to the trainee is at the discretion of the ARCP Panel Chair.

It is acceptable to undertake an ARCP for a trainee up to 12 weeks prior to changeover date i.e. next level/grade of training but no earlier unless this is an LTFT stage review or progress review following an Outcome 2 or 3.

Face-to-Face and Virtual ARCPs

Dependent upon the specialty and outcome awarded the trainee may meet directly with the ARCP panel after the decision about the outcome has been made or meet with a senior educator involved in their training programme at the earliest opportunity.

Where ‘Virtual’ ARCPs have been conducted outcomes will be released to all trainees on the day of the ‘Virtual’ review. It is the responsibility of the ARCP panel Chair to ensure face to
Face meetings are held with all trainees who received Outcome 2, 3 or 4 within 10 days of the ARCP panel to ensure trainees have the opportunity to discuss the Outcome awarded prior to the deadline for any Appeal.

### 4.1.2 Panel Composition

The ARCP Panel should consist of a minimum of 3 individuals including:

- **Panel Chair** - either the Head of School, Training Programme Director, STC Chair or a nominated deputy appointed by the Postgraduate Dean or Head of School.
- **At least 2 consultants from the specialty** - including individuals from above or Educational and Clinical Supervisors or the external advisor.
- **Relevant sub-specialty/academic input** where appropriate.
- **An external advisor** – this individual should be from within the specialty but from outside the specialty training programme or School i.e. external to Wales. The external advisor may be a College/Faculty representative if not otherwise represented on the panel.
- **A lay representative** – this individual should be a member of the public and not from within the specialty. They are expected to ensure consistent, transparent and robust decision making on behalf of both the public and the trainees. 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 Postgraduate Dean is therefore not required to attend any ARCPs.

Educational and Clinical Supervisors should declare an interest if their own trainee is being considered by a panel of which they are a member. Where there are any concerns about satisfactory educational progress they should withdraw temporarily from the process whilst their trainee is being considered and the panel should be constituted such that it remains quorate in that situation.

The Medical Deanery administration staff, Lay Representatives and Professional Support Unit staff are not ARCP panel members and cannot be counted towards the minimum requirement of 3 panellists.

Any panels not meeting the minimum requirements must be flagged to the Deanery Administration team in advance of the ARCP taking place. If this is not possible, due to consultants failing to attend on the day, the Deanery Administration Team must be notified at the earliest possible opportunity.

All panel members will be sent an email from the Medical Deanery administration team confirming the arrangements for the ARCP. This will be sent as soon as the Chair of the panel or the Training Programme Director has notified the Medical Deanery administration team of the panel members.
4.1.1 Panel Objectives

The ARCP panel has the following objectives:

- 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 educational portfolio including a structured report from the educational supervisor(s), documented assessments (as required by the specialty curriculum) and achievements. The panel should provide comment and feedback where applicable on the quality of the structured educational supervisor’s reports.
- review out of programme experiences and records accordingly.
- consider the time out of training during the assessment period and from entry to the programme (see the GMC’s position statement on time out of training), and to determine whether the training duration needs to be extended.
- provided that adequate documentation has been presented, make a judgement about competences acquired and suitability to progress to the next level of training.
  - Trainees who are full time and receive Outcome 1 or 2 will progress to the next level/grade in training.
  - Trainees who are less than full time may have satisfactory progress but progression to the next level of their training programme will depend on the competences gained during the review period.
  - For trainees in LAT posts confirms which competences have been acquired and documents accordingly.
- provides advice to the Responsible Officer regarding the trainee’s revalidation status across their full scope of work.

4.1.4 Panel Chair

The panel Chair is responsible for:

- Confirming panel arrangements including timetable and panel members.
- Briefing panel members on the day.
- Ensuring that proceeding are carried out in a timely manner.
- Ensuring a fair and consistent approach to all reviews of evidence submitted and ensuring an agreed outcome decision is made based upon this evidence.
- Ensuring that any training needs resulting in an Outcome 2, 3 or 4 are appropriately documented with realistic timelines.
- Ensuring all outcomes and relevant paperwork is accurately completed.
- Ensuring arrangements are in place to provide appropriate feedback to the trainees following the ARCP.
- Offering feedback to Educational Supervisors.

Please refer to Appendix 9.1 for Panel Chair guidance.

4.1.5 Lay Representatives and external assessors

The lay and external representatives are responsible for:
• Reviewing at least 10% of annual outcomes including any recommendations for unsatisfactory performance.
• Contributing to the decision regarding the ARCP outcome (External Representative)
• Contributing a lay perspective to inform elements of the ARCP panel’s activities where applicable (Lay Representative)
• Completing a report for the reviewed ARCPs. The purpose of this documentation is to help ensure a robust audit of processes and outcomes.
• Informing the Postgraduate Dean if there have any concerns in relation to the ARCP process.

Please refer to Appendix 9.2 for LAY representatives’ report
Please refer to Appendix 9.3 for External Representatives’ report

Training Programme Director (TPD)
The TPD (if not panel chair) is responsible for:
• Informing the Deanery Administration Team of the panel allocations so that the Medical Deanery administration team can send formal invites in line with the ARCP timeline.
• Arranging and convening consultant panel members (not including External) and informing the Medical Deanery administration team of the confirmed names of panel members.

The Medical Deanery
The Postgraduate Dean is responsible for the operation of the ARCP system including provision for further review and appeal. The Medical Deanery supports ARCP panels with the following:
• quality assurance reviews of all panels and outcomes
• central administration and record keeping of ARCPs
• provision of advice to panel members, trainees and faculty

The Medical Deanery Administration Team
The Medical Deanery administration team are responsible for maintaining effective communications with the Heads of Schools, Training Programme Directors and/or ARCP Panel Chairs and the trainees. This involves:
• assisting with the organisation of the ARCP panel as soon as panels and trainees are confirmed by the Training Programme Director
• panel preparation including notification to panel members (as soon as advised by the TPD or the Chair) and arranging appropriate access to paper or e-portfolio as appropriate for panel members
• attending the ARCP panel, if required, and assisting with facilitation and administration.
• assisting with queries from the panel e.g. OOP, CCT and any other enquiry not answered by the panel Chair.
• supporting the chair to ensure standards are met and the relevant systems / paper work are completed

4.2 ARCP Panel Training

It is a requirement that ARCP panel members have been trained or have appropriate experience at ARCPs. It is suggested that panel members observe an ARCP before attending as a panel member.

All panel members (including lay and external representatives) must be trained appropriately in equality and diversity and this training must be kept up to date and refreshed every three years. Every panel Chair is responsible for ensuring that their panel members:
• are familiar with the documentation used in the ARCP process
• have the necessary knowledge and experience to be an effective member of the panel
• have a detailed knowledge of the curriculum and the required level of competence for trainees
• recognise and understand the ARCP outcomes
• understand the appeals process

4.3 Who is reviewed by the ARCP panel?

• all specialty trainees holding a Deanery Reference Number or a National Training Number, whether In or Out of programme must have an annual ARCP (including those in: core training; higher training; less than full-time training; academic programmes and military trainees)
• trainees in combined academic/clinical programmes
• trainees who are out of programme with the agreement of the Postgraduate Dean
• trainees in Locum Appointment for Training (LATs) positions

4.4 Resignations

• Trainees should normally have their progress reviewed up to their resignation date with an appropriate outcome recorded. The ARCP form should clearly document the period for which the trainee was in post and specifically state the trainee has resigned, with reasons for resignation if appropriate. Trainees should only be issued with an outcome 4 if they have failed to engage with the training programme or if there has been a sustained lack of progress during the year of their resignation.
• Trainees should receive a code N21 or N22 code if in post for less than 3 months and an assessment of progression cannot be made. Please refer to Appendix 9.4 for Outcomes
5.00 ARCP Outcomes

- The initial outcome from the ARCP may be provisional until the Medical Deanery quality assurance checks have been completed or further information obtained.
- Where the Panel agreed an Outcome 3 or 4 should be awarded, quality assurance checks will be conducted by the Medical Deanery administration team (normally within 2 working days) to ensure it is appropriately documented to try to limit requests for reviews and appeals.
- If the ARCP Panel are unsure of an outcome to award, they should immediately seek assistance from the Deanery Administration Team. If assistance is not immediately available, the final outcome should be held in ‘draft’ until discussed with either the Head of School or the Deanery Administration Team.
- Where an Outcome 5 is awarded the Panel Chair is responsible for communicating the required actions to the trainee. The Panel Chair is also responsible for reviewing the status of the actions 10 working days after the ARCP. Following the 10 day review, the Chair must advise the Deanery Administration Team of the updated outcome, copying in the other panel members.
- For dual training or main specialty and sub-specialty training, the GMC requires a separate ARCP outcome per specialty and sub-specialty.

Appendix 9.4 provides a summary of ARCP outcomes and their definitions.

6.00 Revalidation

- The Panel Chair will ensure all panel members are familiar with the guidance and advice concerning trainee revalidation requirements.
- The Panel will review the trainee’s Revalidation Form (R Form) to ensure there are no issues regarding revalidation. Any significant events or incidents listed on the R Form should be appropriately documented within the trainee’s reflections in their portfolio. It is the responsibility of the ARCP panel to review this alongside any declarations of ‘Wider Scope of Practice’. If the panel has concerns regarding a trainee’s fitness to practice and revalidation status, the Panel Chair must ensure this is documented on the ARCP Outcome form and raise the concern with the Deanery Administration Team.

Please see Revalidation Information Appendix 9.6

Events leading up to the day

<table>
<thead>
<tr>
<th>Action</th>
<th>Responsibility</th>
<th>Timescale</th>
<th>Additional information</th>
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<tbody>
<tr>
<td>Submit a finalised list of trainees requiring an ARCP.</td>
<td>Training Programme Director</td>
<td>At least 8 weeks prior to ARCP date.</td>
<td>The Deanery Administration Team will provide support if required, as soon as the list is received.</td>
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### Annual Review of Competence Progression (ARCP) and Revalidation

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<th>Action</th>
<th>Responsibility</th>
<th>Additional Information</th>
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<tbody>
<tr>
<td>Submit a <strong>finalised</strong> timetable</td>
<td>Panel Chair or Training Programme Director</td>
<td>Where more than one ARCP panel is running at the same time for a given specialty, the Training Programme Director will allocate trainees to appropriate panels taking into consideration any panel member special requests or conflicts of interest.</td>
</tr>
<tr>
<td>Identifying and confirming suitable panel members (not including External)</td>
<td>Training Programme Director/Panel Chair</td>
<td>At least 8 weeks prior to ARCP date.</td>
</tr>
<tr>
<td>Request for lay representative</td>
<td>Deanery Administration Team</td>
<td>At least 8 weeks prior to ARCP date.</td>
</tr>
<tr>
<td>Confirming venue and catering requirements</td>
<td>Deanery Administration Team</td>
<td>At least 6 weeks prior to ARCP date.</td>
</tr>
<tr>
<td>Panel member and trainee invitations/notifications issues</td>
<td>Deanery Administration Team</td>
<td>At least 6 weeks prior to ARCP date.</td>
</tr>
<tr>
<td>Ensure panel members have access to paper or e-portfolio</td>
<td>Deanery Administration Team</td>
<td>Variable depending upon specialty requirements</td>
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### On the day

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<th>Action</th>
<th>Responsibility</th>
<th>Additional Information</th>
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<tr>
<td>Ensure room is appropriately laid out and equipment functioning</td>
<td>Deanery Administration Team</td>
<td>To include: Welcome and Introductions, Training and E&amp;D confirmation, Purpose of the panel, Overview of the process</td>
</tr>
<tr>
<td>Chairs Briefing</td>
<td>Chair</td>
<td>Chair to ensure decisions are properly recorded with sufficient detail to enable outcome decisions to be appropriately communicated to the trainees</td>
</tr>
<tr>
<td>Review evidence and document appropriate ACRP outcome</td>
<td>Panel</td>
<td>It is the responsibility of each ARCP panel to review the CCT date. A template/calculator can be provided by the Medical Deanery administration team to assist panels in this process if required. The new CCT</td>
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date should be added to the ARCP outcome form (e-portfolio or paper) and the panel Chair notify the facilitator of the new confirmed date.

### Post ARCP

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<tr>
<th>Action</th>
<th>Responsibility</th>
<th>Additional information</th>
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<tbody>
<tr>
<td>Ensure the appropriate departments are informed of the ARCP Outcomes.</td>
<td>Deanery Administration Team</td>
<td>• Notifications sent to:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>○ Intrepid Office</td>
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<tr>
<td></td>
<td></td>
<td>○ Professional Support Unit</td>
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<td>○ Appeals Unit</td>
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<td></td>
<td></td>
<td>○ Revalidation Officer</td>
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<tr>
<td></td>
<td></td>
<td>○ Recruitment Officer/s</td>
</tr>
<tr>
<td>Issue the standard letter for an Outcome 2, 3 or 4</td>
<td>Medical Deanery administrative team</td>
<td>Letter copied to the Head of School and/or Training Programme Director</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Please see Appendix 9.5</td>
</tr>
<tr>
<td>Ensure the outcome has been appropriately communicated to the Trainee</td>
<td>Panel Chair</td>
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### 8.0 Reviews & Appeals

- Trainees may request a Review or an Appeal of their ARCP outcome. There is a dedicated team to coordinate and advise on all matters relating to ARCP Reviews and Appeals.
- Requests for a Review or Appeal should be made to the HEIW team within 10 working days of receipt of the Outcome letter.
- Any request for a review or an appeal should be sent to heiw-appeals@wales.nhs.uk
- Trainees are advised when considering making a request, that they read the policy for ARCP Reviews and Appeals.
- The request must be made on the correct pro forma and must specifically state the grounds for appeal. Please see Reviews and Appeals on the following web pages at: https://www.walesdeanery.org/specialty-training/reviews-and-appeals-arcps
Appendices

APPENDIX 9.1

ARCP Panel Chair Guide

Introduction:
This guide is intended to clarify the role and responsibilities of ARCP Panel Chairs, which are common across all specialties. The aim is to provide guidance to Panel Chairs to ensure that a fair and consistent process for the conduct of ARCP panels is followed and the award of an appropriate ARCP outcome is provided. This document is not intended to replace the guidance provided in The Gold Guide.

General:
In line with the Gold Guide, ARCP: Section 4.35 (Version GG7 31st January 2018), the ARCP panel has the following main objectives:

i. It provides an effective mechanism for reviewing and recording the evidence related to a trainee’s performance in the training programme or in a recognised training post (e.g. locum appointment for training (LAT)).

ii. At a minimum, it must incorporate a review of the trainee’s educational portfolio including a structured report from the educational supervisor(s), documented assessments (as required by the specialty curriculum) and achievements.

iii. It provides a means whereby the evidence of the outcome of formal assessments, through a variety of GMC approved workplace-based assessment tools and other assessment strategies (including examinations that are part of the assessment system), is coordinated and recorded to present a coherent record of a trainee’s progress.

iv. It provides an effective mechanism for the review of out of programme experience and recording its contribution (where approved) to progress.

v. It considers any time out of training during the assessment period and from entry to the programme (see the GMC’s position statement on time out of training), and determines whether the training duration needs to be extended.

vi. As long as adequate documentation has been presented, it makes judgements about the competences acquired by specialty trainees and their suitability to progress to the next stage of training.

vii. As long as adequate documentation has been presented, it makes judgements about the competences acquired by trainees in a LAT post and documents these accordingly.

viii. It provides advice to the RO about revalidation of the trainee across their full scope of work to enable the RO to make a recommendation to the GMC when required and ensures any unresolved concerns about fitness to practise are acted on.

ix. It provides a final statement of the trainee’s successful attainment of the curricular competences including fulfilment of the GMC’s standards in the Generic Professional
Capabilities Framework for the specialty and thereby the completion of the training programme (run-through or core and higher training).

x It enables the Medical Dean to present evidence to the relevant College/ Faculty so that it can recommend the trainee to the GMC for award of the CCT.

xi Where applicable, it provides comment and feedback on the quality of the structured educational supervisor’s report.

Panel Composition:
- ARCP panels must comprise at least 3 consultant from the specialty.
- Medical Deanery administration staff, External representatives, Lay Representatives and the Professional Support Unit staff are not considered ARCP panel members and cannot be counted towards the minimum requirement of 3 panellists.
- Each panel must be chaired by either a Head of School, STC Chair, Training Programme Director or School Lead appointed by the Postgraduate Dean.
- The panel is awarding the ARCP outcome on behalf of the Postgraduate Dean.

Panel Chair Responsibilities:

Pre-ARCP
Panel Chairs must ensure:
The panel Chair is responsible for:
- ensuring a fair and consistent approach to all reviews
- briefing panel members in advance
- ensuring an appropriate outcome is awarded
- time keeping
- ensuring arrangements are in place to provide appropriate feedback to the trainees
- offering feedback to Educational Supervisors

At the ARCP
Panel Chairs must ensure:
- All panel members (including External Advisors and Lay Representatives) are introduced at the start of the ARCP session.
- All panel members have confirmed their Equality and Diversity status to the Medical Deanery administration team.
- The composition of the panel is quorate, in line with the Gold Guide (see above).
- Panel members who have not previously been involved with ARCPs are allocated to panels with experienced panel members.
- Educational and Clinical Supervisors declare an interest if a trainee they are currently supervising is being reviewed by a panel of which they are a member. Where there are any concerns about satisfactory educational progress, they should withdraw
temporarily from the process while their trainee is being considered and the panel should be constituted such that in that situation it remains quorate.

- External Advisors are provided with the relevant paperwork in order to feedback their observations.
- Lay Representatives are provided with the relevant paperwork in order to feedback their observations
- Panel discussions and review of portfolios are conducted in the same way for each trainee being reviewed.
- An ‘R Form’ for each trainee has been received, and is reviewed and considered appropriately by the panel and the relevant section of the ARCP outcome form, relating to revalidation is completed.
- Panel members understand and are aware of the possible ARCP outcomes and the implications of each outcome.
- Trainees irrespective of their status i.e. maternity/paternity leave or long term sick leave, resignation and OOP are awarded the appropriate outcome/code.

**Post ARCP**

Panel Chairs must ensure:

- Feedback from panel members at the end of the ARCP session is fully considered and action taken if necessary. Any areas of serious concern should be flagged to the Deanery Administration Team.
- There is a robust mechanism in place to ensure conversion of outcome 5s to a final outcome and that this has been discussed and agreed with the Deanery Administration Team.
- Arrangements are in place to provide appropriate feedback to the trainees not seen by the panel
- A mechanism is in place to provide feedback to Educational Supervisors

**General advice for Panel Chairs**

- The wording used on the ARCP outcome form is very important, especially in the case of an outcome 2, 3 or 4.
- The reason for an outcome 2, 3 or 4 should be clearly documented in detail on the outcome form along with any mitigating circumstances discussed.
- All sections of the outcomes form must be completed.
- ‘SMART’ objectives against which progress will be measured should be documented in the case of an outcome 2 or 3. If work place based assessments are required to demonstrate progress, exact details of which assessments, the numbers required and associated deadlines should be included.
- The information on the outcome form should be agreed by all panel members and as such must be written up at the time of the panel meeting. If this is not possible it should be flagged to relevant staff.
Revalidation

- When completing the ARCP outcome form, you will be required to consider if there are any 'current known or unresolved causes of concerns' in relation to revalidation. This can only be agreed where appropriate consideration has been given to relevant supporting information.

- Where a trainee declares on the R Form that they have ongoing investigations, complaints/significant events or are undertaking work outside of their training post, the appropriate process must be followed.
  - Investigations/Complaints/Significant events: These must be declared, evidenced in the folder and reflected upon, for the panel to review at ARCP.
  - Scope of Practice: Where a trainee identifies additional roles outside of their training programme, the Deanery Administration Team will request the trainee gathers information from the supervisor of the additional role. This will be presented to the panel for review at the ARCP.

- In respect of revalidation, concerns would only arise in exceptional circumstances. Such circumstances would include; really serious complaints where the trainee was directly involved and subsequent action by the employer or HEIW is underway/imminent, or cases where there is no management or regulation of additional roles. Should you have any questions relating to this, please discuss with the Deanery Administration Team.

Lay Representatives: (Please also see Lay rep briefing document)

- A Lay Representative should be involved in 10% of all ARCP’s as recommended by the Gold Guide.

- A Lay Representative should be included in all parts of the ARCP process, including review of all documentation, full discussion of the case and recommendations from the panel about concerns over performance and meeting with and feedback to the trainee for a 10% selection of cases. Normally the same Lay Representative should be involved in all stages of the ARCP for continuity, however, if this is not possible then another Lay Representative may be asked to stand in.

- The role of Lay Representatives is to review the process followed by the ARCP Panel and the conduct of the panel - this should be measured against accepted good practice set out in the Gold Guide.

- Lay Representatives are not being asked to make a judgement about whether the ARCP outcome is appropriate or comment on the trainee’s progress.

- Should the Lay Representative have concerns about the process followed or the conduct of the panel during the ARCP then this should be raised with the Specialty Manager on the day of the ARCPs. They should also include concerns within their report and this will be reviewed by the Quality Unit and escalated to the Associate Dean or Sub Dean as appropriate. The Quality Unit will work with the Specialty Managers to explore any collaborative steps that can be taken to ensure all reports are returned.
External Advisors:
- External Advisors should attend at least 10% of ARCPs for each specialty.

Suggested Outcome Summary

ARCP Outcomes

- **Outcome 1**
  Progressing through training satisfactorily – no concerns (all evidence received, reviewed and satisfactory)

- **Outcome 2**
  Development of specific competences required – additional training time not required. Allowed to progress onto the next stage of training, with specific targets for the next training year.

- **Outcome 3**
  Inadequate progress by the trainee – additional training time required. Not allowed to progress onto the next stage of training. 6 or 12 months additional time will be added on to their training programme and this will change CCT date.

- **Outcome 4**
  Released from training programme with or without specified competences. Only awarded after outcome 3, and 12 months of additional training time.

- **Outcome 5**
  Incomplete evidence presented – additional time may be required. Trainee has 10 days to provide missing evidence. Outcome 5 will change after 10 days to either a 1 or 2.

- **Outcome 6**
  Gained all required competences for the programme. Awarded at CCT date. Completion of all training.

- **Outcome 8**
  OOPT – use standard outcomes as above
APPENDIX 9.2 - LAY Advisor Report

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<tr>
<th>Deanery</th>
<th>Wales</th>
<th>Date of ARCPs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specialty</td>
<td></td>
<td>Location of ARCPs</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ARCP Outcome</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td>Numbers awarded</td>
<td></td>
<td></td>
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The role of Lay Representatives is to review the process followed by the ARCP Panel and the conduct of the panel - this should be measured against accepted good practice set out in the Gold Guide.

A Lay Representative should be present to observe 10% of speciality ARCP’s. This may mean that the Lay representative will not be required to attend all day. The panel Chair can advise.

Lay Representatives are not being asked to make a judgement about whether the ARCP outcome is appropriate, accurate nor comment on the trainee’s progress. The Lay representative should not advise the panel on the outcome to be awarded.

Should the Lay Representative have concerns about the process followed or the conduct of the panel during the ARCP, then this should be raised with the Specialty Manger on the day of the ARCPs. They should also raise this issue via their report and this will be reviewed by the Quality Unit and escalated to the Associate Dean or Sub Dean as appropriate. The Quality Unit will work with the Specialty Managers to explore any collaborative steps that can be taken to ensure all reports are returned.

Please select Yes or No for each of the questions below and use the ‘comments’ field at the end to explain the reason for any of negative responses or any other concerns you have identified.

1. Process
   Does the panel review process, consistently achieve the standards required by:
   | YES | NO |
**Ensuring trainees are not present during the panel decision-making process for the outcome? (although they may be present to meet with the panel after the outcome has been determined)**

**Did ALL trainees awarded with outcomes 2, 3 or 4 meet with the panel?**

**Ensuring any other relevant evidence, particularly the e-Portfolio and/or PDP has been reviewed?**

**Ensuring the reason for any unsatisfactory outcomes are recorded and communicated clearly?**

**Were you satisfied with the standard and consistency of the ARCP reviews carried out by this panel?**

### 2. Decision-making

- Were recommendations and timescales for actions clearly communicated to the trainee?

- Were mitigating circumstances taken into account?

- Were you satisfied with the standard and consistency of the decision-making process?

### 3. Conduct

- Did the panel conduct themselves professionally and appropriately?

- Did the panel ensure the principles of equality and diversity were upheld?

### 4. Summary

- Overall, taking account of all of the above areas, how would you rate the ARCP / PYA process you observed at this Deanery / LETB? *(please circle)*

  **Poor / Good / Very Good / Outstanding**

**Any other Comments:**

---

**Name:**

**Date:**

**Signature:**

---

Please return the completed form to: The facilitator for today or via e-mail to either Hilary.Williams9@wales.nhs.uk or Sarah.Holmes@wales.nhs.uk
APPENDIX 9.3 - External Advisor Report

<table>
<thead>
<tr>
<th>Deanery</th>
<th>Wales</th>
<th>Date of ARCPs</th>
<th>Location of ARCPs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specialty</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ARCPs</th>
<th>Number of trainees present at assessment panel</th>
<th>Number of trainees assessed in absentia</th>
<th>Total number of trainees assessed</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>ARCP Outcome</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td>Numbers awarded</td>
<td></td>
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<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Please select Yes or No for each of the questions below and use the ‘comments’ field at the end to explain the reason for any of negative responses or any other concerns you have identified.

Note: Any serious concerns should be raised with the visiting site’s Dean immediately.

5. Process
Does the panel review process consistently achieve the standards required in the Gold Guide by:

- Ensuring trainees are not present during the panel decision-making process for the outcome? (although they may be present to meet with the panel after the outcome has been determined)
- Did ALL trainees awarded with outcomes 2, 3 or 4 meet with the panel?
- Ensuring ALL trainees awarded with outcomes 2, 3 or 4 are given time to read the Educational Supervisor and/or TPD reports and to submit a response before the meeting?
- Ensuring Educational Supervisor Reports:
  - Reflect the learning agreement and agreed objectives
  - Are supported by evidence such as WPBA
  - Outline any changes to the learning agreement or remedial action taken during the training period for whatever reason
- Ensuring other relevant evidence, particularly the e-Portfolio and PDP has been reviewed?
- Ensuring the reason for any unsatisfactory outcomes are recorded and communicated clearly? (Was/were the trainee(s) made aware of the specific competences to be achieved and a timescale agreed for achieving outstanding competences?)
- Ensuring the principles of equality and diversity are upheld?

### 6. Decision-making

- Were the outcome decisions satisfactory and appropriate based on the evidence available?
- Were recommendations and timescales for actions clearly communicated to the trainee?
- Were mitigating circumstances taken into account?

### 7. Quality of evidence

- Was the evidence provided by the trainee and educational supervisor of a sufficient standard to make an informed decision with:
  - The trainee making appropriate use of their portfolio to record progress:
    - Maintaining an up to date log book or other agreed record of experience?
    - Maintaining an up-to-date PDP and recorded reflection where appropriate?
    - Using appropriate evidence (eg. WPBAs, reflection, log book evidence etc) to link competences?
  - Is the Educational Supervisor providing a sufficiently detailed report which reflects accurately the training progress?
  - Are the supervisors providing quality feedback (WPBAs, appraisals) in sufficient quantity?

### 4. Curriculum delivery

- Are there any gaps in specialty and sub specialty / modular experience? If so, what are they and why?
- Is there any difficulty in providing experience and training in practical procedures, operating sessions etc? (If so please list the procedures affected and training locations in the Comments section below)
- Is the Educational Supervisor engaging appropriately with training eg. undertaking appraisals and assessments as required?
• Are clinical supervisors assisting sufficiently with curriculum delivery as evidenced by the provision of WPBAs?

• Did the panel set any mandatory targets at this stage of training that concerned you eg. competences that should have already been achieved?

• Were any of these procedural competences?

• Please list the procedures (if applicable)

6. Summary

• Overall, taking account of all of the above areas, how would you rate the ARCP’s process you observed at this deanery/LETB.

   Poor / Good / Very Good / Outstanding

Any other Comments:

ARCP Outcomes.

Trainees in difficulty.

Educational supervisors report.

Summary overall

Good practice

<table>
<thead>
<tr>
<th>Name:</th>
<th>Date:</th>
</tr>
</thead>
</table>

Signature:

<table>
<thead>
<tr>
<th>Your Deanery:</th>
</tr>
</thead>
</table>
APPENDIX 9.4

ARCP Outcomes

Summary of ARCP Outcomes
There are a number of possible outcomes that may be awarded by a panel. These are:

**Outcome 1**
Achieving progress and the development of competence at the expected rate

Definition: Satisfactory progress is defined as achieving the competencies within the specialty curriculum approved by the GMC at the rate required. The rate of progress should be defined within the specialty curriculum e.g. with respect to the assessments, experiential opportunities, examinations etc.

**Outcome 2**
Development of specific competences required (additional training time not required)

Definition: The trainee’s progress has been acceptable overall but there are some competences which have not been fully achieved and need to be further developed. It is not expected that the rate of overall progress will need to be delayed or that the perspective date for completion of training will need to be extended, or that a period of additional training will be required.

Where such an outcome is anticipated, the trainee should appear before the panel. The panel will need to specifically identify in writing the further development that is required. The documentation will be returned to the TPD and educational supervisor, who will make clear to the trainee and the employer(s) what must be done to achieve the required competences as well as the assessment strategy for these. At the next annual assessment of outcome, it will be essential to identify and document whether these competences have been met or not. From an outcome 2, at the next ARCP, you would expect to issue an outcome 1 or 3.

**Outcome 3**
Inadequate progress (additional training time required extending CCT/training time)

Definition: The panel has identified that a period of training is required which will extend the duration of the training programme (e.g. extending the anticipated CCT).

The trainee must be invited to meet with the panel to discuss the recommended outcome.

The trainee, Educational Supervisor and employer will need to receive clear recommendations from the panel about what additional training is required and the circumstances under which it should be delivered (e.g. concerning the level of supervision).

Where such additional training time is required because of concerns over progress, the overall duration of the extension to training should normally be for a maximum of one year (six months for core training and an overall total of one year across both core and higher
specialty training where the programme is “uncoupled”). Exceptionally, this additional training time may be extended at the discretion of the Postgraduate Dean (discussion prior to or immediately after the ARCP must take place with the Specialty Manager and Associate Director for Secondary Care to agree this) but with an absolute maximum of two years additional training during the total duration of the training programme. This does not include additional time that might be required because of statutory leave such as ill health or maternity/paternity/ adoption leave. While not exclusive, examples of exceptional circumstances for extension to training beyond a normal period that may have a significant impact on the ability to train or on training opportunities may include significant unforeseen changes to personal circumstances or training environment.

For LTFT trainees, should an extension to training be required following the award of Outcome 3, this will be on a pro rata basis if training requirements for progression have not been met. If an extension to training is required following the award of Outcome 3 and the LTFT trainee has failed to progress solely on the basis of exam failure, then an extension to training will be on a fixed-term basis and is not pro rata.

If the trainee fails to comply in a timely manner with the educational plan for additional training, he/she may be required to leave the training programme before the additional training has been completed.

**Outcome 4**
**Released from training programme - With or without specified competences**

The panel will recommend that the trainee is 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 which have been achieved by the trainee are documented.

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

**Outcome 5**
**Incomplete evidence presented - Additional training time may be required**

This is awarded 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.

If this occurs, on the face of it, the trainee may require additional time to complete their training. If subsequently an Outcome 5 is converted to an Outcome 3 the additional time begins from the date of the Outcome 5. The trainee will have to supply the panel with a written account within ten working days as to why the documentation has not been made available to the panel. The panel does not have to accept the explanation given by the trainee and can require the trainee to submit the required documentation by a designated
date, noting that available “additional” time is being used in the interim. If the panel accepts
the explanation offered by the trainee accounting for the delay in submitting their
documentation to the panel, it can choose to recommend that additional time has not been
used. Once the required documentation has been received, the panel should consider it and
issue a revised ARCP outcome.

Alternatively, the panel may agree in advance the nature and timescales of any evidence
required from the trainee to obtain an Outcome 1 and give authority to the Chair of the
panel to issue Outcome 1 if this is subsequently submitted. However, if the Chair does not
receive the agreed evidence to support Outcome 1, then a panel will be reconvened.

Outcome 5 should also be recommended as a consequence of failure to submit R Form. If
the trainee still fails to submit a satisfactorily completed R Form after two weeks an
Outcome 2, 3 or 4 will be issued (according to training progression). A note is made on the
trainee’s record that they did not submit a completed R Form. An Outcome 1 or 6 is not
awarded, even if there are no training progression concerns.

**Outcome 6**

*Gained all required competencies - Will be recommended as having completed the*
*training programme (core or specialty) and if in a run through training programme or*
*higher training programme will be recommended for award of a CCT / CESR (CP)*

The panel will need to consider the overall progress of the trainee and ensure that all the
competences of the curriculum have been achieved prior to recommending the trainee for
completion of the training programme to the Royal College/GMC.

**Outcome 7**

*Fixed-term posts (e.g. LATs)*

Trainees in fixed-term training posts will undertake regular in-work assessments and
maintain documentary evidence of progress during their fixed-term appointment. This
evidence will be considered by the ARCP panel and will result in one of the following
outcomes:

<table>
<thead>
<tr>
<th><strong>Outcome 7.1</strong></th>
<th><strong>Satisfactory Progress in or completion of the post</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>The trainee has established that they have acquired and has</td>
</tr>
<tr>
<td></td>
<td>demonstrated the competencies expected of a trainee</td>
</tr>
<tr>
<td></td>
<td>undertaking a placement of this type and duration at the level</td>
</tr>
<tr>
<td></td>
<td>specified e.g. 1 year LAT fixed term appointment equivalent to</td>
</tr>
<tr>
<td></td>
<td>1 year as an ST3 or run through trainee</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Outcome 7.2</strong></th>
<th><strong>Development of specific competences required – Additional training time not required</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>The trainee’s progress has been acceptable overall; however,</td>
</tr>
<tr>
<td></td>
<td>there are some competences not fully achieved, which the</td>
</tr>
<tr>
<td></td>
<td>trainee needs to develop either before the end of their current</td>
</tr>
<tr>
<td></td>
<td>placement or in a further post to achieve the full competences</td>
</tr>
<tr>
<td></td>
<td>for this period/year of training. The rate of overall progress is</td>
</tr>
</tbody>
</table>
not expected to be delayed, nor will the prospective date for completion of training be extended, nor will a period of additional remedial training be required as this is a fixed-term post. Where such an outcome is anticipated, the trainee should appear before the panel. The panel will need to specifically identify in writing the further development required. The documentation will be returned to the TPD and educational supervisor, who will make clear to the trainee and the employer(s) what must be done to achieve the required competences as well as the assessment strategy for these. At the next review of progression, it will be essential to identify and document that these competences have been met. Failure to complete the competences in time will mean this period of training cannot be formally recognised.

<table>
<thead>
<tr>
<th><strong>Outcome 7.3</strong></th>
<th><strong>Inadequate Progress by the trainee</strong></th>
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</table>
| The trainee has not made adequate progress for this period of training for it to be formally recognised towards either the CCT/CESR (CP)/CEGPR (CP) or full CESR/CEGPR. If the trainee wishes to attain the described competences, they will be required to repeat this period of training (not necessarily in the same post, with the same employer or in the same locality in HEE, NES, HEIW or NIMDTA). If trainees move to a new post, employer or locality in HEE, NES, HEIW or NIMDTA, they must declare their previous ARCP outcome.

<table>
<thead>
<tr>
<th><strong>Outcome 7.4</strong></th>
<th><strong>Incomplete evidence presented</strong></th>
</tr>
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</table>
| The panel can make no statement about progress or otherwise since the trainee has supplied either no information or incomplete information to the panel. The trainee will have to supply the panel with a written account within five working days of the panel meeting as to why documentation was not provided for the panel. However, the panel does not have to accept the explanation given by the trainee and can require the trainee to submit the required documentation by a designated date. This evidence will then be considered by the panel.

Failure by the trainee to submit this documentation will mean that the period of training cannot be counted towards the CCT or CESR (CP).

The ARCP outcome should be sent to the trainee’s educational supervisor for that year of training, who should arrange a follow-up meeting even if the end of the appointment period/year has been reached. Where this is not possible, the educational supervisor should send a copy of the outcome to the trainee so that the trainee can retain a copy of the outcome in their educational portfolio.
Outcome 8
Out of Programme for clinical experience, research or a career break (OOPE/OOPR/OOPC)
The panel should receive documentation either from the trainee or the OOP supervisor indicating what they are doing during their out of programme (OOP) time, even if the OOP is not recognised for training.

- **OOPE** – *(Outcome 8.1)* If the OOP period is to gain clinical experience that will not contribute towards the competences required by the training programme (OOPE), then an annual OOP report form should be submitted, including an indicative intended date of return.

- **OOPR** – *(Outcome 8.2)* If the purpose of the OOP is research, the trainee must produce a research supervisor’s report together with the annual OOP report form indicating that appropriate progress in research is being made, along with achievement of the relevant degree (if appropriate). If there is prospective approval by the GMC for the OOPR to contribute to the CCT or CESR (CP), then formal assessment documentation must be submitted annually to the review panel.

- **OOPC** – *(Outcome 8.3)* If a doctor is undertaking a career break, a yearly OOPC request should be sent to the panel, indicating that the trainee is still on a career break and including an indicative intended date of return.

- **OOPT** – If the trainee is out of programme on a training placement or OOPR that has been prospectively approved by the GMC and that will contribute to the competences of the trainee’s programme, **then Outcome 8 should not be used. Instead, a routine ARCP should be undertaken and Outcome 1, 2, 3, 4 or 5 should be awarded.**

Where experience is gained outside of the UK, it will be for the Royal College or Wales Dean to decide on the value of this training and its contribution to competences in conjunction with the relevant SAC.

When an outcome is not issued
The ARCP panel would not issue an outcome when the trainee is absent due to statutory leave: maternity leave, paternity leave or long term sick leave or where training has been suspended. In these circumstances the panel will record the reasons for this via agreed methods. If a trainee is on sick leave on the day of the ARCP (not before) the ARCP outcome should still be recorded and released to the trainee. The trainee should then meet with the ARCP Panel Chair or the ES to review the outcome form and comments.

‘N’ Codes for none reviews are:

- N1 – Sick leave (Long term of more than 1 month)
- N2 – Maternity or paternity leave
- N3 – Trainee not in post long enough (less than 3 months)
- N4 – Trainee fell outside reporting period
- N5 – Trainee post CCT
- N6 – Trainee missed review
Annual Review of Competence Progression (ARCP) and Revalidation

N7 – Trainee IDT
N8 – Review by another deanery
N9 – Trainee contract termination
N10 – Trainee on suspension of gross misconduct
N11 – Trainee on suspension – other reason
N21 – Resignation – without training issues
N22 – Resignation – with training issues
N13 - Other
Appendix 9.5:  

**Guidance for trainees in receipt of an Outcome 3**

**What is an ARCP outcome 3?**  
The Gold Guide defines an ARCP outcome 3 as:  

**Outcome 3: Inadequate progress - Additional training time required.**  
‘The panel has identified that a formal additional period of training is required which will extend the duration of the training programme (e.g. the core training programme end date or anticipated CCT/CESR/CEGPR(CP) date).’

**What does this mean for me?**  
The panel will have given clear recommendations about the additional training required and the circumstances under which it should be delivered (e.g. the level of supervision necessary). There will be a clear strategy of how they will measure and assess completion of the required competencies and the time frame of when they would expect these to have been achieved. By the time of your next review you will be expected to have fully demonstrated progress against these outstanding competencies.

**What is additional training?**  
Additional training is a formal additional period of training with closer than normal monitoring to enhance clinical or generic skills. It is given when there is a need to repeat specific training in areas where you have been unable to demonstrate required competences.

Where additional training is required because of concerns over progress, in the hospital and non-general practice community specialties, this will be up to one year within the total duration of the training programme (up to six months for core training and one year across both core and higher specialty training where the programme is uncoupled). This does not include additional time that might be required because of statutory leave such as ill health or maternity/paternity/adoption leave. Extensions for LTFT trainees will be on a pro rata basis unless awarded solely on the basis of exam failure in which case the extension will be on a fixed term basis.

Trainees who fail to comply with the educational plan for their period of additional training may be required to leave the training programme before the period of additional training has been completed.

**Will this delay my CCT date?**  
Yes, the panel will reassess your CCT date in order to give you extra time to meet the agreed targets.

**Completion of the action plan.**  
You now need to meet with your Educational Supervisor to agree goals; methods of achieving these, deadlines for completion and how they will be measured. This will need to be clearly documented in an Educational Meeting plan. The Action Plan is required within two weeks of you attending your ARCP face to face meeting therefore it is essential that you contact your Educational Supervisor immediately to arrange a meeting.
The meeting to review progress against the action plan.
A progress review meeting with your ES may be setup at an interim date, before your next ARCP. The aim of this meeting is not to replace the more frequent educational supervisor meetings which will already be taking place, but to ensure that you are receiving the required level of support and progressing at the expected rate.

What if I am not getting the support I need during targeted training?
It is the responsibility of the trainee to ensure that concerns around training or supervision are raised at the earliest possible opportunity. If you do have any issues or concerns, please inform the Postgraduate Dean as soon as possible. Sometimes there are complex reasons as to why progression is slower than expected and it may be that further support may be required to help resolve these. The Medical Deanery has a dedicated ‘Professional Support Unit’ to help trainees in difficulty. If you would like to enquire about the additional support available, please contact your Specialty Programme Manager.

What if I disagree with the panel’s decision?
If you disagree with the decision of the panel you have the right to a review or an appeal against it. Request for a review or an appeal should be sent to HEIW-appeals@wales.nhs.uk within ten working days of you being notified of the panel’s decision. The request must be made on the correct pro forma and must specifically state the grounds for appeal. Please see Reviews and Appeals on the Deanery web pages at: https://www.walesdeanery.org/specialty-training/reviews-and-appeals-arcp
Appendix 9.6

Revalidation Information for ARCP Panels

It is the Postgraduate Dean, as Responsible Officer (RO), who makes the revalidation recommendation for all doctors in Training. This includes doctors in Foundation year two and all of specialty training including LATs.

It is important to note that whilst ARCP and Revalidation are intertwined, they are not interdependent. The role of the ARCP panel in revalidation is to confirm that there are NO concerns which would affect the revalidation of the trainee, such as unresolved investigations or probity issues.

The ARCP is the formal annual process to confirm there are NO revalidation concerns for most trainees; this is NOT the place where fitness to practise is first raised.

Role of the ARCP panel in Revalidation

- To review any involvement in significant events/complaints/untoward incidents and ensure sufficient reflection and learning has taken place to prevent further incidents. This will involve looking at the self-declaration on the R Form and any additional information from the Revalidation Team and cross-checking these against the portfolio.
- To ensure any discrepancies are discussed with the trainee, noted on the ARCP outcome form and highlighted to the Revalidation Team if relevant.
- To review the trainee’s Wider Scope of Practice form\(^1\) (if applicable) and ensure sufficient evidence is recorded. The trainee must have this form counter-signed by their Supervisor, they should have discussed this with their Educational Supervisor and reflected on that work in their portfolio.
- To review the Educational Supervisor (ES) report which should include whether the ES is aware of any unresolved investigations, health or probity concerns which may affect revalidation. The ES should also confirm that the trainee has reflected on any incidents either in their discussions or within the portfolio.
- To confirm that the panel is not aware of any concerns which would affect revalidation.
- To award an Outcome 5 if revalidation paperwork (R Form – Part B) is not submitted by the trainee.
- To state clearly on the outcome form if there are any ongoing investigations which may relate to fitness to practise and ensure this outcome form is highlighted to the Revalidation team (via ARCP admin). A trainee’s ARCP outcome form will be used for Transfer of Information from RO to RO; it is very important if concerns are raised that an informative summary is added to the outcome form.

---

\(^1\) If a doctor declares on their R Form that they are working as a doctor in other areas than their training programme, they must also complete a “wider scope of practice” form.
• It is not the responsibility of the panel to make a recommendation for revalidation. This rests with the Postgraduate Dean, as RO.

If there are concerns at any time about Fitness to Practise this should at any time be escalated to the Associate Director of Secondary Care or Deputy Postgraduate Dean and investigated either through the employing organisation or through the Medical Deanery processes. The Medical Deanery has a Trainee Case Management Group which meets regularly to discuss trainees with fitness to practise and revalidation concerns to ensure that there are support plans in place.

**Potential causes for revalidation concern.**

The examples below are given to assist ARCP panels (and particularly panel chairs), in recognising cases which would be a wider cause for concern in relation to a revalidation recommendation. The examples below are not exhaustive.

<table>
<thead>
<tr>
<th>Scenarios</th>
<th>Cause for Revalidation concern</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trainee failing to pass exams despite support and remediation</td>
<td>No</td>
<td>There is no reason why this trainee should not work as a doctor in other roles.</td>
</tr>
<tr>
<td>Patient complaints during the year. These have been discussed with the ES and an action plan in place and documented in the e-portfolio. No recent problems.</td>
<td>No</td>
<td>Causes of concern have been identified, clear documentation in place, and dealt with alongside recent signs of resolution.</td>
</tr>
<tr>
<td>Repeated failure to engage with the portfolio, R Form not submitted and previous Outcome 3 issued as a result.</td>
<td>Yes</td>
<td>Repeated failure to provide evidence for ARCP could also be considered failure to engage in revalidation and the doctor could be putting their licence at risk.</td>
</tr>
<tr>
<td>Repeated concerns around inappropriate behaviour with staff and patients. Failing to work as part of a team. Health Board investigation commenced.</td>
<td>Yes</td>
<td>Any revalidation recommendation will be deferred as part of an ongoing process. The issues will need to be investigated by the employing Health Board and updates provided to the Medical Dean. The Trainee Case Management Group will monitor and review progress.</td>
</tr>
<tr>
<td>Serious event by a trainee investigated as a Serious Untoward Incident at the time of ARCP.</td>
<td>Yes</td>
<td>The RO (Dean) will be aware of the conditions/suspension and will be monitoring the situation through the Trainee Case Management group and in discussion with the GMC ELA.</td>
</tr>
<tr>
<td>Doctor has conditions or is suspended by the GMC until completion of a GMC investigation.</td>
<td>Yes</td>
<td>The RO (Dean) will be aware of the conditions/suspension and will be monitoring the situation through the Trainee Case Management group and in discussion with the GMC ELA.</td>
</tr>
<tr>
<td>Serious Incident has occurred and the police are currently investigating.</td>
<td>Yes</td>
<td>The GMC will need to be notified of this police investigation. Revalidation will be put on hold during this investigation.</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Trainee is leaving programme either as a result of completing training or resigning. However, there is an outstanding investigation with their current employers.</td>
<td>Yes</td>
<td>If trainee has obtained CCT then revalidation would be due however this would be deferred until the investigation is complete. For either case the next RO will need to be briefed on the concerns via a Transfer of Information so that they can respond when the evidence is complete.</td>
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