

SCOTLAND DEANERY ARCP PROCESS

KEY PRINCIPLES

1. The Scotland Deanery ARCP process is based on the recommendations of the:

- *Gold Guide (Reference Guide for Postgraduate Specialty Training in the UK: 6th edition, 2016)*
- *Foundation Programme Reference Guide (2016)*

2. The Annual Review of Competence Progression (ARCP) usually takes place once per year (for all trainees, including LTFT), although the Gold Guide allows for more than one ARCP within a 12-month period if required (GG7.27).

3. The ARCP process is comprised of 2 parts:

- i) ARCP (Desktop review by ARCP panel, trainee not in attendance)
- ii) Face-to-face meetings (trainee in attendance): for unsatisfactory outcomes (2, 3, 4) and some satisfactory outcomes (1 or 6 for specialties with specific way points, e.g. PYA).

4. The ARCP (desktop review) is a review of the documented and submitted evidence that is presented by the trainee and as such the trainee should not attend the panel. (GG 7.62)

5. The Face-to-face meetings provide an opportunity for the panel or a small number of senior educators to meet with the trainee and discuss their outcome in full, and provide support and direction for the trainee going forward.

6. The ARCP process does not require that all trainees are met with on a face-to-face basis, however, some programme directors find there is benefit in meeting with all their trainees on an annual basis. Educational review meetings of this sort can be arranged, however these are separate to the ARCP process.

7. The deanery has created standard emails and documentation for the ARCP process. There should not be any requirement for standard documentation/emails to be amended unless there are unique/exceptional circumstances. Specialty-specific evidence requirements are listed on the Scotland Deanery website, further/different evidence requirements should not be added to standard documentation/emails (unless as per paragraph 12 and 28 below).

8. The deanery has agreed that for ARCP, all trainees are required to submit their evidence at least two weeks before the date of the desk-top review. The deanery expects a level of professionalism from all trainees and educational supervisors in this respect and requires trainees to work towards and meet this submission date. Failure to do so will result in the issue of an outcome 5, unless exceptional circumstances apply, e.g. Christmas closure, bereavement or illness of trainee/educational supervisor. Exceptional circumstances must be declared before/on the submission date and will not be taken into account following that date.

9. In the majority of cases, where a single outcome 5 is issued, it is viewed as a neutral outcome, or 'holding response', it is not an unsatisfactory outcome in the same way that an outcome 2, 3 or 4 is considered. A follow up outcome will be issued, once all evidence has been submitted/reviewed and/or a satisfactory explanation for late submission is received. Although not deemed an unsatisfactory outcome, repeated outcome 5s can point towards a lack of engagement from a trainee which should raise concern.

10. The deanery has devised a process for the [management of outcome 5s](#) which aims to cover the most common circumstances. If panels or TM administrator is unsure how to proceed in relation to an outcome 5 they should consult with a senior member of TM staff. Arrangements will be in place to ensure access to a senior member of TM staff during ARCPs.

THE PROCESS

SIX months prior to ARCP

11. TM administrator in liaison with TPDs will set dates for the ARCP (desktop review) and follow-up face-to-face meetings. The date for follow-up face to face meetings should be, where possible, within two weeks of the desktop review. It can also take place on the same date, as long as they are entirely separate meetings.

12. Trainees will be notified of dates/times by email approximately six months prior to the ARCP date (TM administrator sends out EMAIL 1 (or EMAIL 2 for F1)). [In exceptional circumstances, the first notification (EMAIL 1 or 2) may go out less than 6 months before ARCP.] If the notification is for a final ARCP, deanery admin should add any College/other requirements to EMAIL 1.

13. The face-to-face meetings can be chaired by a senior educator involved in the training programme e.g. TPD, APGD (GG 7.64). They do not have to involve the full ARCP panel (although they can, for example, if the face-to-face is held on the same day as the desktop review).

14. TM administrator will invite panel members to attend the ARCP (desktop review), in confirming attendance, TM administrator sends out PANEL MEMBER CONFIRMATION EMAIL. TM administrator will also arrange panel/senior educator attendance for face-to-face meetings.

15. For foundation programmes, TM administrators will add panel details to TURAS to provide link to e-portfolio and allow pre-population of ARCP forms. Specialty programme administrators have the option to add panel details on TURAS but it is not mandatory.

ARCP Panel Membership

16. Foundation ARCP: panel should consist of:

- 2 x medical educators (eg APGD, Programme Director);
- TM administrator;
- Lay representative (if required).

The most senior NES medical educator will be the nominated deputy of the postgraduate dean and will chair the ARCP;

17. Core/Specialty ARCPs: panel should consist of:

- Between 3-6 x medical educators (eg. Programme Director, Educational Supervisor, External Advisor (if required), APGD, Assistant GPD);
- TM administrator;
- Lay representative (if required);

The most senior NES medical educator will be the nominated deputy of the postgraduate dean and will chair the ARCP;

18. Where required, medical educators can also include:

- Defence Deanery representative for defence deanery trainees;
- Academic training lead for academic trainees;
- Educator who can oversee dual/subspecialty training for dual/subspecialty trainees.

19. For specialty ARCP panels, external advisors will be sought from Colleges or Faculties. College-specific guidelines in this respect will apply accordingly. External advisors can attend panels remotely by VC / teleconference). For Foundation ARCP panels, lay representatives are considered sufficient externality for Scotland Deanery purposes.

20. In the event that an external advisor/lay representative has been sought but cannot be secured to attend a panel; or if they cancel their attendance at short notice; the ARCP should go ahead. Where possible, effort should be made to secure a senior educator from deanery (e.g. APGD) to attend in their place.

21. In the event that a panel has less than 3 medical educators, e.g. due to conflict of interest or last minute cancellation, a senior educator from deanery (e.g. APGD) should be secured to attend in their place.

22. The Postgraduate Dean (or their nominated deputy e.g. APGD, Assistant GPD) will be present at any panel involving cases where it is possible that a trainee could have an unsatisfactory ARCP outcome, which may require an extension to training (GG 7.56). The APGD does not need to have specific responsibility for that specialty to undertake this role.

ARCP Panel Member Responsibilities

23. [Link to Roles and Responsibilities document](#). TM administrators will make this document available to ARCP panel members in advance of and at the ARCP itself.

24. All members of the panel, including the lay representative and those acting as external adviser, must be trained for their role (GG 7.59):

- It is essential that panel members have completed equality and diversity training (which requires to be refreshed every three years).
- If panel members have not previously received ARCP training, they are invited to complete the relevant ETFT (Education and Training for Tomorrow) e-learning modules. [Link to Further Information](#)

25. The lay representative and external advisor are required to review at least a random 10% of the outcomes, evidence supporting these and any recommendations from the panel about concerns over performance. In relation to a single Scottish Deanery, this will be interpreted as 10% of ARCPs for each programme (regional or multi-regional/national).

26. Consultant/GP educational and clinical supervisors will be required to declare an interest if their own trainees are 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 in that situation it remains quorate i.e. minimum of 3 medical educators.

EIGHT weeks prior to ARCP

27. Eight weeks prior to the date of the ARCP (desktop review), TM administrator will send out EMAIL 3 (or EMAIL 4 for F1) to trainees (and copy to educational supervisors). It will confirm their requirement to gather the appropriate evidence and submit it at least 2 weeks prior to the date of the ARCP.

28. If the notification is for a final ARCP, deanery admin should add any College/other requirements to EMAIL 3.

29. Each specialty/programme will have a '[required evidence](#)' list which will be available on the Deanery website. Details/links will be provided in EMAILS 1-4. The 'required evidence' lists are agreed by STBs and apply to all trainees. Separate regional requirements cannot be added.

30. EMAILS 1-4 also include details of the standard mandatory requirements: request for trainees to check that their information held on TURAS is up to date; instruction to complete SOAR declaration; absence declaration; OOP form etc.

31. The SOAR declaration must be completed in the six-month period preceding the ARCP. If a trainee has more than one ARCP within a 12-month period, they may be required to complete more than one SOAR declaration.

32. Eight weeks prior to the date of the ARCP (desktop review), Deanery team will initiate a SOAR declaration.

33. The absence declaration must be completed for the time period since the last ARCP. If a trainee has more than one ARCP within a 12-month period, they will be required to complete an absence declaration each time.

34. Trainee is required to submit two copies of absence declaration, one to deanery and one to e-portfolio. The ARCP panel should review the deanery copy, as there is variation as to where it is held on the various e-portfolios.

35. If all required evidence is not submitted within the required timescales (2 weeks prior to date of ARCP), the trainee will be issued with an outcome 5. There are a number of different situations which might lead to the issue of an outcome 5. Please see flow chart for the [management of outcome 5s](#).

36. In exceptional circumstances, there can be flexibility in relation to the submission deadline, e.g. Christmas closure, bereavement or illness of trainee/educational supervisor. In all of these situations there should be prior notice, so the deanery and ARCP panel can be made aware of reasons why information has not been provided, or cannot be provided within the required timescale. Exceptional circumstances must be declared before/on the submission date and will not be taken into account following that date.

TWO weeks prior to ARCP

37. TPD is required to review ES reports in advance of the ARCP (desktop review). They should note reports where progress is not satisfactory or concerns are raised (with potential for unsuccessful outcome) and submit a TPD report ahead of the ARCP (GG 7.49). This report must also be circulated to the trainee.

38. TPD is required to advise Deanery team, as early as possible, if an unsatisfactory outcome is anticipated. Deanery team will ensure that an APGD is available to attend the ARCP (desktop review) and, if appropriate, face-to-face meetings.

39. The trainee must be advised of a potential unsatisfactory outcome by ES or TPD prior to the desk-top review.

ARCP (Desk-top Review)

40. The objectives of the desk-top review are as follows:

- 40.1 Systematically consider the evidence as presented for a trainee against the specialty or sub-specialty curriculum, assessment framework and Good Medical Practice and make a judgement based upon it so that one of the outcomes is agreed.
- 40.2 Consider and approve the adequacy of the evidence and documentation provided by the trainee, which at a minimum must consist of: review of the trainee's educational portfolio including a structured report from the educational supervisor(s), documented assessments (as required by GMC approved foundation/core/specialty curriculum), SOAR declaration (excluding F1), Deanery absence form; and may include any other achievements.
- 40.3 Review details of placements, training modules etc. completed which must be recorded on the portfolio/ ARCP form, including where trainees continue to hold a training number but are out of programme.
- 40.4 Consider time out of training during the assessment period and from entry to the programme, in order to determine whether the training duration needs to be extended.
- 40.5 For specialty trainees: review CCT date. Generally, the CCT date will have been reviewed prior to the ARCP by TM team (with TPD input). At the ARCP, the core training programme end date or the provisional CCT/CESR(CP)/CEGPR(CP) date should be reviewed and adjusted if necessary, taking into account such factors as:
 - statutory leave, sickness or other absence of more than 14 normal working days (i.e. Monday-Friday) in any year;
 - where prior agreement has been made with the Postgraduate Dean for training time to be paused (the 'clock to stop');
 - a change to or from less than full time training;
 - OOPe, OOPR, OOPC;
 - rate of competency acquisition that might bring forward the CCT date;
 - for a dual trainee or a trainee undertaking sub-specialty training alongside main specialty training – whether both should continue to be pursued;
 - academic component of joint clinical/academic programmes;
 - failure to demonstrate achievement of competences (Outcome 3) as set out in the specialty curriculum;
 - failure to comply with the requirements for maintaining a training number.

The adjusted date should be entered on the ARCP Outcome Form. TURAS is updated with the new date and the reason for the change.

- 40.6 Make a judgement about whether the trainee's progress has been satisfactory and they can progress to the next level of training. Where applicable, record the date of progression to the next stage of training (GMC requirement).
- 40.7 Provide comment and feedback where applicable on the quality of the structured educational supervisor's report.

41. Deanery admin will provide panel members with reference document (outcome options), roles and responsibilities document and outcome 5 flow chart at the ARCP.

42. The panel makes its recommendation of an outcome to the responsible regional PG Dean. The PG Dean can intervene if appropriate.

43. TM administrator supports desk-top review by taking notes on the panel discussion in relation to unsuccessful outcomes; and recording all outcomes on TURAS, where possible during, or following the desktop review. [Bulk uploads to TURAS can aid this process]. Foundation outcomes will be recorded on e-portfolio as opposed to TURAS.

44. The ARCP Outcome Form will be completed at the desk-top review on e-portfolio or in paper format. Administrators and TPDs will have agreed arrangements for who will complete the *Supplementary documentation* section of the form – agreement is based on most suitable method for that ARCP and specialty. Paper forms can be completed by hand.

45. In the *Discussion with trainee* section, TPD or TM administrator should record ‘face-to-face meeting not required’ or note the date when the face-to-face meeting will take place. The headings underneath should be completed in relation to the panel’s discussion at desk-top review.

46. Dual or subspecialties: trainees will receive two separate outcomes. Both will be recorded on TURAS.

47. TM administrators should always have access to a senior member of TM staff during ARCPs, who can be called upon to provide support as required. If for any reason, local TM or team lead is not available, contact/support should be agreed from another region.

Following Desk-top Review

48. If either the lay member or the external adviser has concerns about the outcomes decided upon by the panel, these will be raised, in writing, with the Postgraduate Dean for further consideration. The Dean may decide to establish a different panel to consider further the evidence that has been presented and the outcomes recommended (GG 7.57). On completion of any investigation, the information will be shared with QIM/QL for that specialty, who could discuss this through SQMG.

49. If the panel found that the quality of the Educational Supervisor's Report was below standard and did not contain enough evidence to support the judgement made by the ES; the TPD will be required to follow this up with the ES. If the panel chair is not the TPD, the chair will inform the TPD of this requirement.

50. Trainees will be advised of their outcome through TURAS – the aim will be to make outcomes available within one working day from the date of the desk-top review. Ideally outcomes will be added to TURAS during the desktop review.

51. Trainees will receive an automated email via TURAS detailing their outcome and notifying whether a face-to-face meeting will be required.

52. Following the automated email, if applicable, TM administrator contacts trainee to inform them of arrangements for face-to-face meetings and/or follow-up requirements in relation to an outcome 5.

53. The automated email asks the trainee to sign the ARCP outcome form within ten working days of the desktop review (GG 7.71). The trainee is signing to demonstrate that they have been informed of the outcome, not that they agree with the outcome and this will not change the trainee's right to request a review/appeal.

54. The trainee will be asked to sign off the ARCP outcome form on e-portfolio; or if not available on e-portfolio, trainee will be sent a copy (paper or electronic) and asked to sign and return it (digital signatures are acceptable).

55. If trainee has not signed off ARCP form after ten working days, TM administrator should send out a reminder email. If no response, TM administrator should escalate to TPD who will then escalate to APGD if not resolved.

56. If the face-to-face meetings are taking place on the same day as the desk-top review, the trainee will be asked to sign the ARCP outcome form at their face-to-face meeting.

Face-to-Face Meetings

57. Face-to-face meetings (trainee in attendance) will take place: for unsatisfactory outcomes (2, 3, 4) and some satisfactory outcomes (1 or 6 for specialties with specific way points, e.g. PYA).

58. TM administrator will support face-to-face meetings by taking notes of discussion. Meeting notes will be signed off by TPD/APD and trainee following the meeting.

59. At the conclusion of the face-to-face meeting, TM administrators will provide standard information sheets for outcomes 2, 3 and 4 which advise the trainee of their options following this outcome.

60. Trainees receiving an outcome 1 will not require a face-to-face meeting as part of the ARCP process (unless it is a specific requirement of the specialty assessment process e.g. PYA). Should TPDs wish to meet with other trainees with an outcome 1, this is separate to the ARCP process and is termed an 'educational review'.

61. If non-educational issues are raised at the face-to-face meeting, for example a poor learning environment or intimidation / bullying then the chair of the panel will formally write to the Dean in that region.