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NHSE (North West) ARCP Protocol for Specialty (including GP) Resident Doctors



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Background

This protocol aims to ensure a reliable, valid and equitable process for the ARCP, aligned with recommendations within The Reference Guide for Postgraduate Specialty Training in the UK (the Gold Guide, 10th Edition 2024).
The Annual Review of Competence Progression (ARCP) Protocol is applicable to:

- all specialty resident doctors (including trainees in public health, those in general practice, those in core training, those in less than full-time (LTFT) training) whose performance through a specialty training programme must be assessed to evaluate progression
- resident doctors in combined academic/clinical programmes (e.g. those in academic clinical fellowships, clinical lectureships or clinician scientist appointments)
- resident doctors who are out of programme with the agreement of the Postgraduate Dean
- resident doctors who resign from a programme. Such resident doctors should normally have their progress between their last ARCP and the point of resignation reviewed. The ARCP panel should document any relevant competencies achieved by the resident doctor ; however, no outcome will be awarded and the N21 and N22 codes should be utilised (Gold Guide 4.41 iv).
- For ease of reading, this policy will refer to the above groups as “resident doctors.”

The ARCP process for resident doctors in LTFT training should take place at the same frequency as those in full-time training, i.e. at least once per calendar year. The ARCP panel should take particular care to consider that progress has been appropriate and that the estimated time for completing the training programme is reviewed.

For resident doctors undertaking dual training, or main specialty and sub-specialty training, separate outcomes will be recorded.

This process does **not** include Foundation resident doctors, who should refer to the national guidance and local process.

This process does **not** include trainees on dental education programmes. Dental trainees on specialist programmes are subject to an ARCP process that complies with the Dental Gold Guide.

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2. Educational Review

It is recommended that educational supervisors undertake an educational review with their resident doctors 8 weeks prior to the ARCP date. A structured report should be prepared by the resident doctor 's educational supervisor which should reflect the evidence which the resident doctor and supervisor agreed should be collected to reflect the learning agreement for the period of training under review. The purpose of the report is to provide a summary of progress including collation of the results of the required workplace-based assessments, examinations and other experiential activities required by the specialty curriculum (e.g. logbooks, evidence of research activity, publications, quality improvement activities audits). Resident doctors must make themselves familiar with the expectations for ARCP through review of the curriculum.

Academic resident doctors should also meet with their academic supervisor to complete the 'Report on Academic Trainees' Progress' form or the relevant academic supervisor's report on eportfolio. As the assessment process jointly assesses academic and clinical progress, the resident doctor must also submit evidence of clinical achievement.

The process of educational review should produce a provisional personal development plan for the following 12 months. The eportfolio should be mapped against all the areas of Good Medical Practice. Although the Gold Guide suggests this process should take place after the ARCP panel, it would be educationally more valid for a plan to be produced at the educational review, particularly for resident doctors who are progressing satisfactorily. The ARCP panel may modify the plan after consideration of the evidence presented. Where significant concerns are expressed the educational supervisor may choose to only make a statement of the competencies required and leave the further planning process to the panel.

Educational supervisors should also review the Form R with the resident doctors. Resident doctors must be able to raise any concerns without fear of being penalised, with any patient safety issues identified by clinical incident reporting and reflective notes maintained via the eportfolio, in addition to being reported through the relevant organisational procedures. Resident doctors also need to be to be aware that any such discussions should be reported as part of the required self-declaration for revalidation. Resident doctors need to update Form R annually and submit on TIS Self Service prior to every ARCP panel. Failure to submit a completed Form R that reflects the full scope of practice will result in an Outcome 5 being issued. Persistent failure to submit an updated Form R may result in referral to the GMC for non-engagement with the revalidation process.

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Resident doctors will be given at least 6 weeks' notice of the date of their ARCP panel so they can ensure all assessments and appraisals have been done and they can obtain structured reports from their educational supervisors, ensuring their educational eportfolio is complete. The educational eportfolio with the required evidence must be available by the date of the ARCP panel meeting. Resident doctors will not be "chased" to provide the documentation by the required date but should be aware that failure to do so will result in the panel failing to consider their progress.

The educational appraisal process is the principal mechanism whereby there is the opportunity to identify concerns about progress as early as possible. These concerns should be brought to the attention of the resident doctor during educational review meetings and it should not come as a surprise to them that action through the ARCP process is under consideration. Account should be taken of all relevant factors which might affect progress (for example, health or domestic circumstances) and should be recorded on the educational eportfolio. An action plan to address the concerns should be agreed and documented between the educational supervisor and resident doctor .

3. The ARCP process

The ARCP process is not an assessment of the resident doctor in and of itself but it is an assessment of the documented and submitted evidence that is presented by the resident doctor . All ARCP panel decisions will be held in with the resident doctor in absentia and will take place virtually i.e. through Microsoft Teams.

For practical and administrative reasons, some specialties may wish to discuss other issues e.g. the resident doctor's views on their training and planning of future placements. However, the assessment of evidence and the judgment arising from the panel must be kept separate from these other issues. In summary, the ARCP panel that decides on a resident doctor's ARCP outcome must be a separate decision-making panel where the resident doctor is not present (Gold Guide 4.83)

The following framework will be used during the ARCP process:

- Panel reviews evidence submitted and issues ARCP outcome (assessment panel). Resident doctors only seen if an Outcome 2, 3 or 4 is issued (feedback panel).

The assessment panel and feedback panel make up one assessment period and resident doctors should only be issued with one outcome in this period unless an Outcome 5 is

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issued followed by a further outcome. In this case, both the Outcome 5 and subsequent outcome should be recorded. Resident doctors must not be present at any panel where outcome decisions are made.

The panel must record the outcome for each resident doctor within the eportfolio. The resident doctor must sign the form to indicate their understanding of the recommendations of the panel.

All Schools should ensure that training needs in relation to eportfolios for educational supervisors and resident doctors are assessed well in advance of the ARCP period. Eportfolio training should be considered compulsory for any individual taking on the role of educational supervisor.

The purpose of the resident doctor meeting with the panel after it has reached its decision (feedback panel) is to discuss:

- the recommendations for focused or additional training time if these are required.
- The support available via the School, Professional Support Wellbeing Service (PSW) or lead employer

Feedback panels will take virtually i.e. via Microsoft Teams. Any resident doctor wishing to request a face-to-face feedback panel meeting must submit a formal written request to their Associate Dean, with clear justification as to why a virtual ARCP feedback panel is felt to be unsuitable.

Resident doctors are not normally entitled to be accompanied by a representative at an ARCP feedback panel. In exceptional circumstances only, a resident doctor may request to be accompanied by a representative for support and wellbeing purposes. Any such requests must be made in writing in advance of the feedback panel, considered on a case-by-case basis, and approved by the panel prior to the meeting. Where approval is granted, the representative's role is strictly limited to providing support to the resident doctor and they must not interject, present information, or express views or opinions during the panel discussion. The presence of a representative does not alter the role, authority or decision-making responsibilities of the panel.

If the panel recommends focused training on the development of specific competencies (Outcome 2) then the timescale for this should be agreed with the resident doctor. Objectives should be written in SMART format.

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If additional training time is required (Outcome 3), the panel should indicate the intended outcome and proposed timescale. How this will be delivered will be determined by the Postgraduate Dean, however the details will be planned by the TPD/Head of School (HOS), in discussion with the Associate Dean. Plans need to take into account the needs of other resident doctors in the specialty and must be within the limits of patient safety.

This additional training must be agreed with the resident doctor, the trainers and employer. Full information about the circumstances leading to the additional training requirement must be transmitted to the training site and employer. This will be undertaken by the Programme Support Manager (PSM) once the process is complete by sending copies of the SMART objectives to the TPD, the resident doctor ’s current and next (where known) Trust specialty lead, the resident doctor ’s current and next (where known) Director of Medical Education (DME) or educational supervisor. Agreement to it being shared with the new host site and trainers is a requisite of resident doctors joining and continuing in the training programme.

Progress with Outcome 2s and 3s will be reviewed at a further ARCP panel at an agreed later date. If all objectives have been met, an Outcome 1 can be issued. Details should be fully documented for future reference.

The resident doctor may request a review or appeal within 10 working days of receiving written notification of their ARCP outcome.

4. ARCP Panels

The ARCP panel will be convened by the Programme Support team and should consist of at least three panel members appointed by the training committee or an equivalent group. At least one clinical member of the ARCP panel must have a detailed knowledge of the relevant curriculum (and ARCP decision aide where appropriate) and the required level of competence for doctors in training. The ARCP panel Chair must be one of the following: Associate Dean, Head of School, TPD or their appointed deputy (where necessary for multiple panels). Where panels are chaired by an appointed deputy, the Head of School or TPD should be available to oversee all panels on that day. Feedback panels should be attended by the Associate Dean but can be chaired by the Head of School or TPD if felt appropriate.

It is advisable, where possible, that Schools make arrangements for ‘stand-by’ panel members to be available on the day of the ARCP in the event of cancellation by a scheduled member of the panel. In very small specialties it may only be possible to arrange panels with

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two members plus a member of the programme support team. Where multiple panels take place over one day, the Chair can act in a roaming role across all panels.

Where an Associate Dean is not available to attend a feedback panel, the Chair role can be undertaken by the Head of School. In such circumstances, a further specialty representative such as the TPD or another educational supervisor will also be required to attend as the Head of School cannot represent NHS England- North West and the specialty on the same panel. Where such representation occurs, the Head of School must ensure discussion with the Associate Dean prior to the feedback panel to ensure they are fully briefed.

A member of the programme support team will arrange and be in attendance for every ARCP panel. The PSM or Programme Support Coordinator (PSC) should be in attendance at every feedback panel whenever possible. However, it is acknowledged that during the summer ARCP programme it may be necessary for another team member other than the PSM/PSC to be in attendance.

For academic assessment, the lead Associate Dean will advise on academic input to the annual ARCP process. All academic resident doctors must ensure they have met with their academic supervisor prior to their review and completed the 'Report on Academic Trainees' Progress' form or the relevant section on eportfolio.

A minimum of 10% of panels should have a Lay representative, however Lay representatives should **always** be used in the following circumstances:

- Reviewing Outcome 4 cases
- Reviewing complex Outcome 3 cases

Assessment panels with an external advisor do not need a Lay representative.

Schools are responsible for ensuring consistency and standardised outcomes across their specialties. Lay representation will be co-ordinated centrally by NHS England- North West. Where multiple panels occur on one day, the lay representative should be free to rotate around all panels but should focus on the more complex outcomes.

The role of the lay representative at assessment panels is to ensure consistency of process. At feedback panels, the lay representative should be actively involved as a panel member, making contributions to dialogue and ensuring fairness to resident doctors. The lay representative should not be asked to judge whether the resident doctor has made

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satisfactory progress or whether the outcome awarded is appropriate. NHS England- North West will provide training on the role of the lay to all lay representatives.

Specialties should use an external trainer from within the specialty, but from outside the training programme or school, to also review at least 10% of their ARCP outcomes. In General Practice, the ARCP process is reviewed and evaluated by nationally appointed Educational Advisors as part of the Royal College's quality management of GP training

NHS England is committed to meeting its duties under the Equality Act 2010. ARCP panels must ensure decisions are fair, inclusive, and free from bias, and that reasonable adjustments are considered where necessary.

All members of the panel (including the lay members and those acting as external members) must be trained for their role. This includes training on fitness to practise and equality, diversity and inclusion issues and should be refreshed every three years. Where possible, an individual should observe an ARCP panel prior to participating as a full member.
The review period for the ARCP must be explicit. This would normally be the date from the last ARCP to the date of the current ARCP, or where appropriate the CCT date. When accessing the eportfolio, only evidence within the appropriate review period should be considered.

If a resident doctor wishes to accelerate their CCT date, the acceleration of training document should be followed, plus any School specific process. If a CCT date of stage of training is accelerated, this must be stated and the reasons(s) detailed on the ARCP form.

The decision taken by the assessment panel relating to the outcome awarded should be recorded on the eportfolio, ARCP timetable and TIS. For Academic Resident doctors, the Report on Academic Trainees' Progress form should also be completed. Detailed notes are only required to be taken at a feedback panel.

As the assessment panel and feedback panel together make up one assessment period, feedback panels should not take place any later than one month after the assessment panel. Any assessment outside of this one-month period should be counted as a new formal assessment. It is recommended that both panels take place on the same day to avoid unnecessary delays in the issuing of ARCP outcomes. Feedback panels should not be delayed due to awaiting examination results (see **Appendix 3** for further explanation on issuing outcomes when awaiting examinations).

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In exceptional cases, it may be necessary for the feedback panel to overrule the decision of the assessment panel and issue a new outcome. However, this should be in exceptional cases only, for example, where resident doctors have extenuating personal or educational circumstances that were not previously known or discussed at the assessment panel. These could include health issues, personal bereavements or serious issues with their training environment (see **Appendix 2** for examples of exceptional cases).

Where a final year assessment is being considered remotely, a panel of 3 consultants should be set up. This should be the TPD and two other consultants from the specialty. Each panel member must check that all targets have been met as well as the final year ARCP decision aide requirements. The final outcome can be issued within 3 months of the CCT date.

To successfully demonstrate progression, resident doctors eportfolios must reflect completion of the required number of WPBA's at regular intervals over a 12-month period. WPBA's completed over a short space of time, relatively close to the ARCP panel, may be judged not to have met this requirement.

The ARCP panel chair is responsible for capturing any comments made concerning the quality of the educational supervisor report. PSMs should then work with their Heads of School to feedback any concerns to the quality team, TPD for the individual specialty or directly to the educational supervisor within General Practice. The ARCP panel chair should also ensure that any issues that require the attention of the Responsible Officer (Postgraduate Dean) are noted at the feedback panel.

Consultant/GP supervisors must declare an interest if their own resident doctors are being considered by a panel of which they are a member and where there are concerns should withdraw temporarily from the process whilst their resident doctor is being considered.

All those present at the ARCP panel must ensure they are in a confidential environment.

5. The ARCP Process & Revalidation

Whilst the ARCP assessment will be the vehicle for the revalidation of resident doctors, it should be noted that these processes are not interdependent. Revalidation is a process which all doctors must undergo and is solely concerned with an individual's Fitness to Practise. The ARCP process is concerned with educational performance and the achievement of competencies in relation to a specialty training programme curriculum. The ARCP provides advice to the Postgraduate Dean, in their role as Responsible Officer, about

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revalidation of the resident doctor to enable the Responsible Officer to make a recommendation to the GMC. (Gold Guide 4.134)

There are 6 types of supporting information that doctors will be expected to provide in their eportfolios and discuss in their annual appraisals in relation to revalidation, as listed below:

1. Continuing Professional Development
2. Quality Improvement Activity
3. Significant Events
4. Feedback from Colleagues
5. Feedback from Patients (where applicable)
6. Review of Complaints and Compliments

The ARCP panel will review the supporting evidence in line with the specialty curriculum, issuing resident doctors with either a satisfactory or developmental outcome. In addition, the panel will also be asked to review the self-declaration from the resident doctor (the Form R), any comments from the educational supervisor in relation to revalidation issues, and any relevant exit and exception reports from the resident doctor ’s employing organisation. The previous year’s outcome should also be reviewed to ensure any unresolved issues have been resolved and reflected upon. At the end of the ARCP, the panel will be asked to make a decision as to whether it believes there to be any revalidation concerns in relation to individual resident doctors. At the end of a resident doctor ’s final ARCP all past outcomes should be checked to ensure there are no outstanding unresolved issues prior to recommendation for revalidation.

At the point of revalidation, the Responsible Officer will have three options in making a recommendation. These are:

1. Recommendation to revalidate
2. Recommendation to defer
3. Recommendation of non-engagement

An ARCP outcome is not directly related to the recommendation for revalidation. For example:

A resident doctor who has completed training through achievement of all necessary competencies will be issued with an Outcome 6 at ARCP. Providing there are no on-going clinical governance concerns the Responsible Officer will be able to make a positive

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revalidation recommendation at this point. However, if a resident doctor has achieved all the necessary competencies but has an on-going fitness to practice issue, they can still be issued with an Outcome 6 but their revalidation recommendation will need to be deferred until the conclusion of the GMC investigation.

Alternatively, a resident doctor can receive an Outcome 4 at ARCP and be released from training due to repeated exam failure. However, provided there are no concerns about the doctor's Fitness to Practice, this outcome should not, in itself, prevent the Responsible Officer from making a positive revalidation recommendation.

6. ARCP Resources

The following appendices are available to aid the panel process:

Appendix 1: Guidance on outcome forms to be issued
Appendix 2: Guidance on exceptional extenuating circumstances when considering outcomes
Appendix 3: FAQs: guidance for panels when issuing outcomes

The panel chair and/or PSM will brief panel members on the purpose of the panel and the protocol for carrying out the ARCP at the beginning of each session. they will make available copies of the ARCP protocol and all appendices, including guidance on issuing outcomes. The ARCP process should be evaluated annually where possible.

7. Reviews and Appeals

All resident doctors who receive an outcome from a panel indicating further training is required or that they be released from a training programme will have had an opportunity to discuss the findings with the panel or a senior educator involved in the training programme. On receipt of the outcome they have the right to request a review or appeal.

Reviews

Resident doctors who receive Outcome 2 (further training or supervision is needed but additional time is not required) have the right to request a review. This request should be made to the relevant PSM within 10 working days of receiving written confirmation of the outcome. The resident doctor must supply supporting evidence for the request and this may

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include additional evidence (e.g. evidence of mitigating circumstances or other evidence relevant to the original panel's decision). The PSM will administer the review process on behalf of the panel Chair, which will take place within 15 working days of receipt of the review request. The PSM will endeavour to include as many original feedback panel members as possible. The review can be undertaken virtually. The panel can confirm or change the outcome and it will ensure that the resident doctor receives its decision, with the reasons, in writing. If the panel considers it appropriate, it may invite the resident doctor to meet with them or a senior representative to discuss the decision of the review. (Gold Guide 4.167)

The decision of the review of Outcome 2 is final and there is no further appeal. The review should not impose an increased sanction on the resident doctor . In such circumstances where new information has come to light that may inform such a decision, these issues will be brought to the attention of the Postgraduate Dean.

Appeals

Resident doctors who have received Outcome 3 or 4 (additional training time is required or release from the training programme) have the right to request an appeal. This request should be made to the Postgraduate Dean within 10 working days of receiving written confirmation of the outcome. The Programme Support Business Manager will administer the appeals process, which has two steps:

Review: if the resident doctor accepts the outcome of the review, this completes the process.

Appeal: If the resident doctor does not accept the findings of the review, then they should inform the Postgraduate Dean in writing within 10 working days of the review meeting taking place. NHS England- North West will then convene a formal separate appeal panel, made up of new panel members. This is the final internal appeal process.

(For more information see the Formal ARCP Appeals Process Guidance)

8. Infrastructure

Each ARCP panel will require:

- Administrative support, co-ordinated via the PSM/PSC
- All participants to ensure they are in a confidential environment for the duration of the ARCP panel, with secure internet access

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9. References

- The Academy of Medical Sciences (2011) Guidelines monitoring clinical academic training and progress: A guide for trainees, supervisors and assessors

- A Reference Guide for Postgraduate Foundation and Specialty Training in the UK: The Gold Guide: 10th Edition 7th August 2024.

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Appendix 1: Guidance on Issuing Outcomes

Outcome 1 Satisfactory progress – Achieving progress and the development of competencies at the expected rate	Satisfactory progress is defined as achieving the competencies in the specialty curriculum approved by GMC at the rate required. The rate of progress should be defined in the specialty curriculum (e.g. with respect to assessments, experiential opportunities, examinations etc). (It is possible for resident doctors to achieve competencies at a more rapid rate than defined and this may affect their CCT date.) Outcome 1s should not be issued pending receipt of documentation. Where documentation is missing, Outcome 2 or 5 should be used. Where a resident doctor has resigned from a training programme (and dependent on the timing of this resignation), they should be informed that an ARCP panel will review their progress between their last ARCP and the point of resignation (unless the effective exit from the training programme occurred within three months of the last ARCP). The ARCP panel should document any relevant competencies that have been achieved by the resident doctor ; however, no outcome will be awarded, and the N21 and N22 codes should be utilised. It is expected that resident doctors will engage in this process.
Outcome 2 Development of specific competencies required – Additional training time **not required**	The resident doctor's progress has been acceptable overall but there are some competencies that have not been fully achieved and need to be further developed. It is not expected that the rate of overall progress will be delayed or that the prospective date for completion of training will need to be extended or that a period of additional training time will be required. Where such an outcome is anticipated, the resident doctor should appear before the panel (or meet with a representative of the panel). The panel will need to specifically identify in writing the further development that is required. Objectives should be written in SMART format. NHS England –North West will return completed documentation to the resident doctor , the TPD and educational supervisor, who will make clear to the resident doctor what must be done to achieve the required competencies as well as the assessment method for these. At the next annual assessment or educational review of outcome, it will be essential to identify and document that these competencies have been met.

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	Where a resident doctor has resigned from a training programme (and dependent on the timing of this resignation), they should be informed that an ARCP panel will review their progress between their last ARCP and the point of resignation (unless the effective exit from the training programme occurred within three months of the last ARCP). The ARCP panel should document any relevant competencies that have been achieved by the resident doctor; however, no outcome will be awarded, and the N21 and N22 codes should be utilised. It is expected that resident doctors will engage in this process.
Outcome 3 Development and **additional training time required**	The panel has identified that a formal additional period of training is required that will extend the duration of the training programme (e.g. the core training programme end date or anticipated CCT/CESR(CP)/CEGPR(CP) date). Where such an outcome is anticipated, the resident doctor must attend the panel meeting. The resident doctor, educational supervisor and employer will need to receive clear recommendations from the panel about what additional training is required as well as the circumstances under which it should be delivered (e.g. concerning the level of supervision). It will, however, be a matter for NHS England–North West to determine the details of the additional training in the context of the panel's recommendations since this will depend on local circumstances and resources. Objectives should be written in SMART format. NHS England –North West will send an email, detailing to the resident doctor , educational supervisor and the employer(s) what must be done to achieve the required competencies and the assessment strategy for these. **Duration of extension to training:** Where such 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 an overall total of one year across both core and higher specialty training where the programme is "uncoupled"). In general practice, this will be up to one year. Exceptionally, this additional training time may be extended at the discretion of the Postgraduate Dean but with an absolute maximum of two years in hospital and non-general practice community specialties within the total duration of the training programme (up to one year for core training, and two years across both core and higher

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	specialty training when the programme is uncoupled) and eighteen months in general practice. This does not include additional time that might be required because of statutory leave such as ill health or parental/adoption leave. Whilst 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, service reorganisation, a major epidemic or catastrophe, or the unforeseen absence of a trainer (see also Appendix 2). The extension does not have to be continuous (as a block of one year) but may be divided over the course of the training programme as necessary. An extension to training of less than six months may be particularly appropriate where the reason for extension is exam failure. For LTFT resident doctors, 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. Where a resident doctor has resigned from a training programme (and dependent on the timing of this resignation), they should be informed that an ARCP panel will review their progress between their last ARCP and the point of resignation (unless the effective exit from the training programme occurred within three months of the last ARCP). The ARCP panel should document any relevant competencies that have been achieved by the resident doctor ; however, no outcome will be awarded, and the N21 and N22 codes should be utilised. It is expected that resident doctors will engage in this process.
Outcome 4 Released from training programme – with or without specified competencies	The panel will recommend a release from the training programme when the resident doctor is unable to demonstrate that they have met previously identified educational objectives following additional training time and support. The panel should ensure that any relevant competencies that have not been achieved by the resident doctor are documented. The resident doctor will have their NTN withdrawn and may wish to seek further advice from the Postgraduate Dean or their current employer about future career options, including pursuing a non- training, service-focused career pathway. Outcome 4 may also be recommended where continued training is not appropriate and there is no performance-linked need for additional training time, for example when programme requirements cannot be met despite

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	appropriate support, or where progression is no longer possible in accordance with national guidance. Following such a recommendation, the Postgraduate Dean will advise the resident doctor of their release from training. The Postgraduate Dean will also notify the employer that the individual is no longer in specialty training and that, following statutory guidance, their contract of employment be withdrawn. Providing there are no fitness to practice concerns, resident doctors who have received an Outcome 4 may reapply to specialty training at a later date via the normal competitive process. The support of the Postgraduate Dean is required (Gold Guide paragraphs 3.109).
Outcome 5 Incomplete evidence presented – Additional training time may be required	The panel gives an **interim** outcome. The panel can make no statement about progress or otherwise since the resident doctor in training has supplied either no information or incomplete information to the panel. The resident doctor will usually 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 resident doctor and can require the resident doctor to submit the required documentation by a designated date. Once the deadline has passed/the required documentation has been received, the panel should consider it (the panel does not have to meet with the resident doctor if it chooses not to and the review may be done “virtually” if practicable) and issue an ARCP outcome. This may include referring a resident doctor to a Feedback Panel. Both outcomes will stand on the resident doctor record. Alternatively, the panel may agree what outstanding evidence is required from the resident doctor for Outcome 1 (and the timescale in which it must be provided) and give authority to the Chair of the panel to issue Outcome 1 if satisfactory evidence is subsequently submitted. However, if the Chair does not receive the agreed evidence to support Outcome 1, then a panel will be reconvened. This reconvened panel can be undertaken “virtually”. It is the responsibility of the TPD/Panel Chair to check outstanding documentation on behalf of the panel to sign off an Outcome. It is not the responsibility of NHS England –North West staff.

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	Outcome 5 should also be recommended because of failure to submit Form R (Gold Guide paragraph 4.126). If a resident doctor still fails to submit a satisfactorily completed Form R after 2 weeks and this is the first time that this situation has arisen in the training programme, for core, specialty and general practice resident doctors, an Outcome 2, 3 or 4 will be issued (according to training progression). A note is made on the resident doctor 's record that they did not submit a completed Form R. An Outcome 1 or 6 is not awarded, even if there are no training progression concerns (Gold Guide paragraph 4.129). Resident doctors must be reminded that persistent failure to submit a Form R may result in referral to the GMC for non-engagement with the revalidation process. When resident doctors are awaiting examination results, an Outcome 5 should only be issued where the result will be known prior to the Feedback Panel taking place. Outside of this window, resident doctors who are awaiting examination results should be issued with an outcome 2 (or 3 if additional training time is required). If successful in the examination an outcome 1 can be issued in absentia at a later date. If unsuccessful in the exam, the resident doctor should be reassessed in the next assessment window. Outcome 5 is a holding outcome, which the resident doctor cannot remain on. It needs to be reviewed by the panel or chair within a defined timescale (within a maximum of 8 weeks) and must be before the end of the training period being considered.(GG9:4.94, footnote 23)
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	The panel will need to consider the overall progress of the resident doctor and ensure that all the competencies of the curriculum have been achieved prior to recommending them for completion of the training programme to the relevant College/Faculty.

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higher training programme, will be recommended for award of a CCT/CESR(CP)/CEGPR(CP).	

Outcome 7.1- 7.4	**Outcomes for resident doctors in fixed-term training posts e.g. LATs** (not applicable to England)

Outcomes for Resident doctors who are Out of Programme	
Outcome 8 Out of programme for clinical experience, research or a career break (OOP**E**/OOP**R**/OOP**C**/OOP-**P**)	The panel should receive documentation from the resident doctor on the required form indicating what they are doing during their OOP time, if the OOP is not recognised for training. Resident doctors should also submit a Form R. OOP**E** – If the OOP period is to gain clinical experience that will not contribute towards the competencies required by the training programme, then an annual OOP report form should be submitted, including an indicative intended date of return. OOP**R** – If the purpose of the OOP is research, the resident doctor 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 OOP**R** to contribute to the CCT or CESR(CP)/CEGPR(CP), then formal assessment documentation must be submitted annually to the review panel. OOP**C** – If a doctor is undertaking a career break, a yearly OOP**C** request should be sent to the panel, indicating that the resident doctor is still on a career break and including an indicative intended date of return.

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	OOP-**P** – If a doctor is undertaking time out of their specialty (a “pause”), and during this time undertaking work outside the training environment in NHS-related work, a yearly OOP**P** request should be sent to the panel. This should indicate that the resident doctor is still on a pause from training and should include an indicative intended date of return. Any relevant competencies gained during the OOPP will be reviewed at the next ARCP upon recommencement to the training programme.
	OOP**T** & OOP**R** – If the resident doctor in training is out of programme on a training placement or OOP**R** that has been prospectively approved by the GMC and that will contribute to the competencies of the resident doctor ’s programme, then Outcome 8 should not be used. Instead, a routine assessment of progression should be made and Outcome 1, 2, 3, 4 or 5 should be awarded.
End of programme/stage outcomes for core and early years resident doctors	Where success in an examination is a requirement for exit from early years training, then relevant ARCP outcomes codes apply.
When an outcome is not issued	The ARCP panel would not issue an outcome when the resident doctor is absent due to statutory leave (e.g. parental/adoption or sick leave) or where training has been paused (Gold Guide paragraph 4.94). In these circumstances, the panel will record the reasons for this (refer to N codes on the ARCP Outcome Form).

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Appendix 2: What Constitutes Exceptional Circumstances?

1. Educational

Where resident doctors are struggling with performance issues due to several underlying factors that may or may not include conduct, health, significant unforeseen changes to personal circumstances and the learning environment. There may also be disciplinary issues.

2. Health & associated circumstances

Where resident doctors are currently on long-term sick leave or have underlying health issues that have impacted upon their ability to complete training/competencies.

Where resident doctors have experienced bereavements or other life-changing events that have impacted upon their health and well-being.

Where resident doctors have had to undertake caring responsibilities, which have impacted upon their ability to successfully complete training/competencies.

3. Capacity/service based

Where the training programme has been unable to provide the right level of training for individual resident doctors to enable them to complete all required competencies due to such issues as ineffective supervision, consultant inaccessibility or retirement, posts that are no longer able to deliver the curriculum as originally planned, service reconfiguration.

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Appendix 3: FAQs to assist with the issuing of ARCP Outcomes

1. Outcome 2/3 versus Outcome 5

Outcome 5s should only be issued as an **interim outcome** when a resident doctor fails to produce documentation or evidence **that already exists** but for whatever reason has not made this available to the assessment panel. If by the date of the assessment panel, a WPBA or course **has been completed** but the resident doctor has merely failed to include evidence of this in the portfolio then an outcome 5 can be issued and the resident doctor be given a limited period of time to produce this.

However, if the evidence **does not exist**, i.e. the task has not yet been done, then resident doctors should not be given the extra time allowed by an outcome 5 to complete this. If by the date of the assessment panel, a WPBA or a course or any other mandatory documentation **has not yet been completed** or an examination **has not yet been sat** then the resident doctor does not have the mandatory evidence required to achieve a satisfactory ARCP. They should therefore be issued with an outcome 2 or 3 with specific objectives to complete the missing WPBAs/ meet the missing competencies. The resident doctor should remain on this outcome until their next assessment whether this is 3 months, 6 months or 1 year (this period of time should be determined by the ARCP panel).

The following principles should be observed:

Where other evidence in the portfolio indicates likely satisfactory progress but a mandatory piece of evidence is missing then an outcome 5 should be issued

Where other evidence in the portfolio indicates concerns with progress or there is evidence of inadequate engagement despite feedback then outcome 2 (or 3 where appropriate) should be issued.

If an outcome 2 or 3 is issued at the assessment panel, this decision **must not** be overturned at the feedback panel if the resident doctor produces new evidence in the time between the two panels (see point 2 below).

When resident doctors are awaiting examination results, an Outcome 5 should only be issued where the result will be known prior to the feedback panel taking place. Outside of this window, resident doctors who are awaiting examination results should be issued with an outcome 2 (or 3 if additional training time is required). If successful in the examination an

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outcome 1 can be issued in absentia at a later date. If unsuccessful in the exam, the resident doctor should be reassessed in the next assessment window.

Outcome 5 should also be recommended because of failure to submit Form R (Gold Guide paragraph 4.126). Resident doctors must be reminded that persistent failure to submit a Form R may result in referral to the GMC for non-engagement with the revalidation process.

An Outcome 5 is a holding outcome, which the resident doctor cannot remain on. It needs to be reviewed by the panel or chair within a defined timescale (within a maximum of 8 weeks) and must be before the end of the training period being considered.(GG9:4.94, footnote 23)

1.1 For General Practice resident doctors only - Action when evidence is missing

- Where the evidence in the portfolio indicates likely satisfactory progress but a mandatory piece of evidence is missing then outcome 5 should be issued. This should be reviewed in a short timescale (2-3 weeks).

- If the complete evidence was not available for the review panel or the new evidence raised concerns about progress then outcomes 2 or 3 would be issued.

- Where there is not immediate opportunity to provide the evidence or a longer period is needed to evaluate evidence submission (e.g. insufficient PDP or learning log entries) then the timescale for review can be longer.

- Where the evidence in the portfolio indicates concerns with progress or there was evidence of inadequate engagement despite feedback then outcome 2 or 3 should be issued

2. Changing Assessment Panel outcomes at Feedback Panel (not Outcome 5s)

The assessment panel and the feedback panel together make up one assessment (see Gold Guide extracts below*) and resident doctors issued with an outcome 2, 3 or 4 at the assessment panel should therefore only receive one outcome. Unless there are strong extenuating circumstances the outcome 2, 3 or 4 issued at the assessment panel **must not** be changed at the feedback panel. If a resident doctor attends a feedback panel with evidence that did not exist at the time of the assessment panel this cannot be considered unless it is covered under exceptional circumstances. The outcome issued at the assessment panel stands until the next assessment, whether this is 3 months, 6 months or 1 year.

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*GG4.83 The process is a review of the documented and submitted evidence, supporting information and assessments that are presented by the resident doctor . The resident doctor must not be present at the panel considering the outcome (paragraph 4.86). However, following the ARCP, there will be a meeting with them to inform them of and explain the outcome, and to agree the objectives and learning plan (paragraph 4.85).

*GG4.84 Any concerns that emerge about the fitness to practise of a resident doctor must be reported to the Postgraduate Dean/Medical Director, as RO, for further advice and guidance.

*GG4.85 Where the TPD, educational supervisor or named academic supervisor has indicated that there may be an Outcome 2, 3 or 4, the resident doctor must be informed of the possible outcome prior to the ARCP panel meeting, which may be included in the pre-ARCP feedback from the educational supervisor (paragraphs 4.56 and 4.57). After the panel has considered the evidence and made its judgement, if Outcomes 2, 3 or 4 are recommended, the resident doctor must meet with either the ARCP panel or a senior educator involved in their training programme at the earliest opportunity. The purpose of this meeting is to discuss the recommendations for focused or additional training time if this is required.

*GG4.86 For practical and administrative reasons, NHSE WTE, NES, HEIW or NIMDTA may wish to discuss other issues (e.g. the views of the resident doctor on their training or planning of future placements) on the same occasion as the annual panel meeting. However, the review of evidence and the judgement arising from the ARCP panel must be kept separate from these other issues. Resident doctors must not be present at the panel considering the outcomes.

Where outcomes 2, 3 & 4 are issued, the feedback panel should not be re-reviewing evidence or changing the decisions of the assessment panel. It should be explaining to the resident doctor why the outcome was given following the review of evidence and advising on future support measures and objectives.

3. Resident doctor resignations

Where a resident doctor has resigned from a training programme (and dependent on the timing of this resignation), they should be informed that an ARCP panel will review their progress between their last ARCP and the point of resignation (unless the effective exit from the training programme occurred within three months of the last ARCP). The ARCP panel should document any relevant competencies that have been achieved by the resident doctor; however, no outcome will be awarded, and the N21 and N22 codes should be utilised. It is expected that resident doctors will engage in this process (Gold Guide 4.41 iv).

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4. Long-term sick leave

If a resident doctor is on long-term sick leave their training clock should be paused and they should not be assessed until they have returned to the training programme full-time. A review of training should be undertaken and the expected date for end of training adjusted if required. The GMC form for resident doctors who are not assessed must be completed and the reasons for this documented.

5. LTFT

The GMC requires that all LTFT resident doctors have an annual review and an outcome be issued. The ARCP form should clearly document the period under review, i.e. 6 months/8 months etc. 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.

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