PRINCIPLES FOR DELIVERING A QUALITY ASSURED ARCP PROCESS FOR SPECIALTY TRAINING

Health Education Wessex

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September 2015
1.0 ARCP – What Problem are we trying to solve?

- The Deanery has had a number of appeals usually against Outcome 4s and an Employment Tribunal
- An external review by Chair of COPMED reported serious concerns with our internal ARCP processes which led to an appeal and Employment Tribunal
- The Gold Guide is increasingly seen as guidance by ourselves and increasingly used by lawyers and trainees as the law
- There is significant variability between how Schools implement ARCPs and capture information e.g. on review of paperwork it has at times been impossible to determine which year of training was assessed at ARCP, how much additional training time had been granted, why decisions were made
- We have caused significant trauma to trainees who we have released from training based on both incorrect information and incorrect process – and on occasions have had to return trainees to training when we are aware that there are very significant concerns but our lack or process has tripped us up
- Revalidation – this is the basis on which the RO makes decisions and needs clear and unequivocal assurance that decisions are being made on the basis of sound evidence and process
- Deaneries across the country have changed their processes in accord with the Gold Guide and we are becoming an outlier

This document has gone back to first principles to define the purpose of the ARCP and to base our principles around the Gold Guide.

Wessex has always prided itself on adding something extra to Medical Education which goes above and beyond the ‘tick-box competency’ culture which ARCPs are drawing us into. We recognise that we need to do the ARCPs – they are the currency by which trainees progress but are essentially a summative assessment process. Fundamentally we want our educators to focus on the formative and this change in process is to help deliver the compulsory summative process (the ARCP) in as simple, streamlined and consistent process as possible in order for Schools to really focus on the formative component of good medical education. We believe that the separation of summative and formative will allow us to achieve

- A quality assured consistent ARCP process which is in line with the Gold Guide and will reduce the problems Wessex has had with appeals and inconsistent decision-making
- Provide the RO with assurance on which decisions for Revalidation can be made
- Most importantly, deliver the added benefit of bringing the ‘Wessex Way’ back into Medical Education by removing it from the summative ARCP process

The intention of this document, post consultation with Heads of School and Programme Managers, is to agree a set of principles which will quality assure the ARCP process. There is recognition that Schools have differing access to ePortfolios, numbers of trainees and already well-established processes which are in accord with many of these principles. We acknowledge that a ‘one size fits all’ approach will be unlikely to work – rather we aim to define the core principles to set out ‘what’ needs to be delivered by Schools and let Schools determine ‘how’ this will be operationalised.
2.0 PURPOSE OF ARCP
The ARCP is a summative formal process to review submitted evidence (usually on the ePortfolio) to determine if training has been completed or progression into next stage of training can occur. It also clarifies any need for directed training or extension to training and is the process to assure the Responsible Officer (RO) and employer that the trainee is up to date and fit to practise.

3.0 KEY PRINCIPLES

3.1 Schools to define acceptable evidence for submission to ARCP panel i.e. ePortfolio only or ePortfolio and paper

3.2 Clear separation of summative assessment (the ARCP) from the formative process

3.3 All panel members should have received ARCP training

3.4 The panel’s decision of the summative assessment needs to be made in advance of the decision being communicated to the trainee and is non-negotiable

3.5 The ARCP should occur within the last 2-4 months of each year of training for fulltime trainees to determine suitability for progression to next year of training

3.6 A trainee is to have only one ARCP each year (unless on an Outcome 3 or 5). Formal and informal interim reviews of progress are acceptable but not to be called ARCPs (these should be called and documented as interim reviews).

3.7 Timelines and year of training need to be documented for each trainee and CCT date confirmed at ARCP

3.8 Minimum ARCP panel composition is 3 panel members of which one must be the Postgraduate Dean/Deputy or a Training Programme Director/nominated deputy. A random 10% of ARCP outcomes need to be reviewed by an external adviser and lay member. Lay members do not need to be present at all ARCP panels but Schools may decide how much input they require from Lay advisers.

3.9 Lay members will not be part of a formative education planning discussion with trainees.

3.10 Panel members should declare an interest if they are the Educational or Clinical Supervisor for a trainee being considered. If there are concerns about satisfactory educational progress, they should withdraw while their trainee is being considered. The panel must be constituted to remain quorate (3 members) in this situation as above.

3.11 Trainees with ARCP 1, ARCP 5 and ARCP 6 are not required to be seen face-to-face on the day that the ARCP is held

3.12 Concentrate expected ARCP2, ARCP3 and ARCP4 outcomes into defined sessions with trainees available for face-to-face feedback

3.13 Clear process for discussion between Training Programme Director, Named Educational Supervisor and Trainee following ARCP 2 or 3 outcome to confirm a Learning Agreement (this may be face to face, via teleconference which must be documented or email). This must result in a Learning Agreement signed by the trainee, Educational Supervisor and Training Programme Director (included in trainee’s portfolio).

3.15 All trainees to have face-to-face meetings with a TPD at least once a year. This enables the TPD to have an overview of the rotation, training placements and trainee progression.

3.16 ARCP for LTFT trainees timed to coincide with process for fulltime trainees, apart from year moving from one year of training to next when coincides with this anniversary.

3.17 Process required to individualise ARCP timing if trainee falls out of synchronisation with established annual system, e.g. ARCP3, OOPC, sick leave ≥ 3/12, maternity leave.

3.18 Establish robust and consistent process to ensure Revalidation / Form R review and informing RO of outcome.

3.19 A trainee with an ARCP outcome 2 will remain on an Outcome 2 until the next annual ARCP. It is expected however that an interim review to determine progress will occur. An ARCP2 outcome does not change the timing of subsequent annual reviews or the CCT date.

3.20 If an ARCP outcome 3 is recommended by the panel, the length of proposed extension of training should be proposed to the Dean for agreement. Following an ARCP3, a further ARCP must be arranged for the month preceding completion of the extension. This will review the evidence of completion of the learning agreement and will result in an ARCP outcome. Subsequent ARCPs will then occur on the anniversary of the review of extension to training for fulltime trainees, i.e. progression to next year of training. An ARCP3 outcome will require a formal change of CCT date.

3.21 Schools need to clearly define the role of College Tutors and how they interface with ARCP process and role of Training Programme Director.

**NEXT STEPS**

4.1 Final agreement by Deanery Leadership Team (October 2015)

4.2 Plans to operationalise by Deanery Business Manager and Programme Managers

4.3 Define and implement ARCP training for all panel members (December 2015)

4.4 Document to TAG for discussion (October 2015)

4.5 Implement from 1st January 2016

4.6 Establish process for learning lessons from Appeals which includes dissemination (January 2016)