Annual Review of Competence Progression (ARCP)

Wessex Deanery Guidance

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Annual Review of Competence Progression (ARCP): replacing the RITA

To encompass: Assessment, Appraisal and Annual Planning

Assessment

This is a formally defined process within the curriculum in which a trainee’s progress in the training programme is evaluated and measured using a range of defined and validated assessment tools, along with professional and triangulated judgments about the trainee’s rate of progress. It results in an Outcome following an annual assessment of the written evidence of progress and is essential if the trainee is to progress and to confirm that the required competences and patient safety are being achieved.

Appraisal

This provides a complementary approach which focuses on the trainee and his or her personal and professional needs. All trainees must have a formally appointed educational supervisor who should provide, through constructive and regular dialogue, feedback on performance and assistance in career progression.

The Educational Supervisor will be responsible for bringing together the structured report which looks at the evidence of progress in training and also for undertaking workplace based appraisal with their trainees.

In Wessex Deanery all educational supervisors should have evidence of having been trained in the appropriate tools required and have attended the Educational Supervisors course (or equivalent).

The purpose of appraisal is to:

- help identify educational needs at an early stage by agreeing education objectives which are SMART (Specific, Measurable, Achievable, Realistic, Time-bound)
- provide a setting and mechanism to receive the report of the annual assessment outcome panel and to discuss this with the trainee
- provide a mechanism for reviewing progress at a time when remedial action can be taken quickly
- assist in the development in postgraduate trainees of the skills of self-reflection and self-appraisal that will be needed throughout a professional career
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- enable learning opportunities to be identified in order to facilitate a trainee’s access to these
- provide a mechanism for giving feedback on the quality of the training provided
- make training more efficient and effective for a trainee
- enable training for individuals to be optimised, taking into account the available resources and the needs of other trainees in the programme
- provide a continuous process so that, as a minimum, educational appraisal should take place at the beginning, middle, and end of each section of training, normally marked by the annual assessment of outcome process. In some cases appraisal may be needed more frequently, such as after an adverse assessment.

Each trainee should have an explicit learning agreement for each training placement, which sets out their specific aims and learning outcomes of training, based on the requirements of the curriculum for the specialty.

**Annual assessment outcomes**

The assessment process is designed to provide evidence and a judgment about progress. Each specialty will have its own assessment process blue-printed against the requirements of the curriculum and approved by the GMC.

For Wessex Deanery the minimum requirement will include:

1. Passing, at the appropriate time during training, the professional examinations which map onto the curriculum
2. Evidence of in-work and real-time assessments, e.g. DOPS, CbD
3. Multi-source feedback
4. Assessment of clinical skills or video assessments and other documented evidence of progress against the standards of the curriculum
5. An educational supervisor’s structured report – which reflects the learning agreement and objectives, supportive evidence from workplace based assessments and any modifications or remedial action taken during the year
6. Log books, audit reports, research and publications which provide a valid record of progress
7. All trainees should be aware of the GMC’s Good Medical Practice and provide evidence of reflection on their own practice (audit, evidence of maintaining standards)

Wessex Deanery will make local arrangements to receive the necessary documentation from trainees and give them at least 6 weeks’ notice of the date by which it is required. Trainees 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, and consequently
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The trainee will not be able to document attained competences or progress in the specialty for the period. It is up to the trainee to ensure the documentation is complete.

**Annual Review**

In Wessex, panels will usually be held at the Deanery where paperwork can be collected and previous year’s annual reviews can be accessed. The review should be held at least annually but may be convened more frequently when required to address progression issues.

The annual review is not in itself a means or tool of assessment but has been designed to fulfil the following functions:

1. provide an effective mechanism for recording the evidence managing the trainee’s progress within the training programme or in a recognised training post (fixed term specialty training appointment)
2. provide a means whereby the evidence of the outcome of formal assessment, through a variety of GMC agreed in-work assessment tools and other assessment strategies, are coordinated and recorded to provide a coherent record of a trainee’s progress
3. provide a mechanism for the assessment of out-of-programme clinical work and its contribution to achievement of the required competences
4. provided adequate documentation has been presented, to make judgments about the competences acquired by a specialty trainee and their suitability to progress to the next stage of training if they are in a training programme or fixed term specialty training appointment and to document these accordingly
5. provide a final statement of the trainee's successful attainment of the competences for the specialty and thereby the completion of the training programme. This will enable the Postgraduate Dean to present evidence to the relevant college or faculty so that it can recommend the trainee to the GMC for award of the Certificate of Completion of Training (CCT) or the Certificate of Eligibility for Specialist or GP Registration (CESR or GEGPR).

The annual assessment outcome process is applicable to:

- all specialty trainees (including general practice trainees, those in less than full time training and trainees in academic programmes) whose performance in a run-through specialty training programme must be assessed to demonstrate progress
- trainees in combined academic/clinical programmes, e.g. those in Academic Clinical Fellowships, Academic Lectureships, Clinician Scientist appointments
- trainees undertaking research or prospectively approved out-of- programme clinical experience or on a career break
- trainees in Fixed Term Specialty Training Appointments (FTSTAs)
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All trainees who continue in SpR programmes will still be subject to the RITA process which supports the relevant curricula unless they switch to the new curriculum for their specialty.

**Annual Review of Competencies Progression Panel (ARCP panel)**

The panel should consider and approve the adequacy of the evidence and documentation and provide feedback and comment where applicable.

Provided that adequate documentation has been presented they should make a judgment about the trainee’s suitability to progress to the next stage of training and confirm training has been satisfactorily completed.

**Panel Composition**

At least three panel members will be appointed by the STC. One will be either the Postgraduate Dean of their deputy or a Training Programme Director. The Chair of the STC, College/faculty representatives (SAC) educational supervisors and associate deans are also appropriate members.

The panel should also include a representative from an employing authority. For academic trainees there should be two academic representatives on the panel, neither of whom has been involved in the trainee’s academic programme.

A lay member should review at least 10% (chosen randomly) of the outcomes and evidence. An external trainer from within the specialty but outside the STC or school should review 10% of the outcomes and recommendations from the panels about concerns over progress - this could be set up through the relevant Colleges.

All paperwork will be assessed without the trainee present and the outcome decided. In Wessex we aim for the ARCP panel to meet in the morning, review the paperwork and make decisions. A face to face meeting with each trainee ideally occurs during the afternoon so that the results can be revealed and training issues, recommendations and future placements discussed.

**Outcomes from the ARCP**

The outcomes recommended by the panel for all trainees will be made available by the Postgraduate Dean to:

- trainees undertaking less than full-time training
- locum appointments for training (LATs)
1. Relevant College or Faculty

2. Training Programme Director who will also forward the outcome form to
   - Trainees educational supervisor
   - Trainee – who should sign and return to the Deanery within 10 working days
   - The Clinical Tutor/ Director of Medical Education at the present and future Trust

Please refer to the GOLD GUIDE for any further guidance on difficult issues or problem ARCPs