Revalidation Guidance for Heads of School/Training Programme Directors/ARCP Panel Chairs

Revalidation for doctors in training will be administered through the ARCP and RITA processes.

It is the intention of the GMC that this should not impose a large amount of additional work, to either the doctor in training, or the ARCP panel.

The 3 main pieces of evidence that will be used are:

- Enhanced Form R – has been extended to form a self-declaration from the doctor in training
- New educational supervisor’s report – includes a question as to whether the educational supervisor has any concerns about the doctor’s fitness to practise.
- Trust Reports – these are designed solely to aid revalidation for doctors in training. Each Trust will complete a report with details of any significant events that have involved trainees as and when they arise. This will be passed to the head of school, and programme manager, once it has been received and processed by the revalidation team.

It is envisaged that the vast majority of doctors in training will have no problems with revalidation and that it will simply be a case of ensuring that the correct paperwork is documented in preparation for their eventual recommendation by the Postgraduate Dean, as Responsible Officer for doctors in training.

The role of the ARCP/RITA panel in revalidation

The role of the ARCP panel, for the majority of doctors in training, will be as an “evidence MOT” effectively ensuring that all of the documentation being collected is appropriate and covers all aspects of the revalidation requirements.

It is important to note that whilst ARCP/RITA and Revalidation are intertwined, they are not interdependent. To that end the ARCP/RITA outcome is separate to the review of revalidation paperwork. ARCP outcomes should continue to be issued following the review of submitted evidence. Further information on the relationship between ARCP/RITA outcomes and revalidation can be found on our website: http://www.wessexdeanery.nhs.uk/trainee_revalidation/arcp_and_revalidation.aspx

The other key roles of the panel are:

- To ensure that all necessary paperwork has been signed, countersigned and completed
- To review any involvement in significant events and ensure sufficient reflection has taken place
- The panel chair is responsible for ensuring that the doctor in training is clear on what evidence they are required to provide, and to whom, once any outstanding investigations have been completed.
- To review the scope of practise and ensure sufficient evidence is recorded
- To express whether there are concerns about the doctor’s fitness to practise based upon the evidence available
- To make a judgement about the evidence presented to them for those doctors receiving an ARCP 6 or RITA G
• It is not the responsibility of the panel to make a recommendation for revalidation.
The GMC have recommended that doctors in training do not look outside of their training programme to obtain evidence to support revalidation and to that end we do not require trainees to collect patient feedback, in particular, where it does not already form part of the curriculum.

**Live Trust Reporting**

Each Trust will submit a report detailing any issues relating to conduct & capability, Serious incidents/significant events and complaints on a “live” basis.

Completed reports will come to the revalidation team in the first instance and then be disseminated to the HoS &PMs.

**Conduct & Capability, Serious incidents/Significant events and Complaints**

All doctors in training in Wessex have been advised that they should engage in reflective practise for any event for which they have been asked to submit a report to the Trust or feel are covered by the GMC definition of **significant events**. Whilst it will not transpire that all of these events will be serious or significant they will form powerful learning tools and ensure that nothing relevant is missed for revalidation.

It is not possible to define the number or nature of significant events that would give rise to concern as they should all be reviewed on a case by case basis, and there are specialties where the likelihood of being involved in such an event is significantly higher than others with no implication towards the fitness to practise of anyone involved.

Each School or Specialty Training Committee should agree some basic guidance for ARCP/RITA panels and DMEs regarding the nature of significant events within their specialty that require routine reporting and examples of when revalidation issues would become a concern.

**Scope of Practise**

It is the TPD and ARCP panel’s responsibility to ensure that doctors in training are not working excessively outside of their programme. The HoS/TPD should be aware of any outside commitments which constitute more than additional locum shifts, within they Trust in which they work.

The panel is also responsible for ensuring that the doctor in training has completed the “**reflection on extra work outside of training**” form and had it counter signed by their direct supervisor, which should match the information recorded on the enhanced Form R.

It is not envisaged that this form should be completed for doctors in training undertaking additional shifts within their own specialty and in their “home” Trust. The TPD in the specialty should give advice upon what work is appropriate to exclude the need to complete a form. Any queries can be directed to the Revalidation Team.

For those trainees how have been out of programme during the review period of the ARCP it is important to ensure that they have collected suitable evidence to support revalidation. Further guidance is available from the Wessex website and should be flagged to any trainee due to go out of programme: [http://www.wessexdeanery.nhs.uk/trainee_revalidation-1/work_outside_of_training.aspx](http://www.wessexdeanery.nhs.uk/trainee_revalidation-1/work_outside_of_training.aspx)