Chairing the ARCP panel 2017

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Learning Objectives

• Understanding the role and responsibilities of chairing the ARCP
• Understanding the role and value of other panel members
• Models for reviewing evidence
• Models for trainee feedback interviews
• Understand what ‘redress’ a trainee may seek if an adverse outcome is given
Spoiler Alert

- ARCP formats will inevitably change as
  - Requirement for standardisation on ‘discretionary spending’
  - Current STP to reduce the costs of educational support costs by 30% across the South from 2018-19
  - HEE Standard Operating procedures (SOPs) are currently in consultation phase
  - The ‘GP ARCP model’ may be the preferred option in the future
The role of the chair

- Plan
- Prepare
- Perform
Planning

• Essential that planning involves School Specialty teams
  – Need for personnel who are not consultant trainers in the specialty to be booked
  – Venue may need booking
  – Fifteen schools
    ~ 41 programmes excluding GP
Check who the trainees causing concern are / might be
• Who is already on an Outcome 3
• How much extra time have they had, and why

Format for ARCP event?
Timetable event and send to SSMs for cascade

Trainees emailed by Specialty School team with
• Date of ARCP review
• Instructions for completion and submission of Form R
• Offer of time for face to face meeting AFTER ARCP outcome is determined

Panel members to scrutinise trainee’s evidence and map to requirements specified for stage of training

Trainee must have all their evidence on eportfolio (WPBAs, Supervisor’s report,
Certificates for mandatory courses, Confirmation of exam passes)

Identify clinical panel members and confirm their availability to
• scrutinise material from 14 days before ARCP
• attend the ARCP panel meeting
• Participate in trainee interviews if held after meeting

No later than 14 days before ARCP

14 days to ‘zero’ day

8 weeks before

10-8 weeks before

> 10 weeks before likely ARCP date
Frequency of review

• Every trainee in every programme MUST have an annual entry to account for progress (or not) in training
• Even those who are currently
  – Off sick
  – On maternity / paternity / adoption leave
  – In a career break
• Less then full time (LTFT) must also be seen every twelve months
N and U codes

- All trainees must have an annual update on training progression (Foundation, Core and Specialty, Full and Less then full Time)

N = no outcome  U = unsatisfactory outcome
Both have drop down menus on electronic forms to expand narrative
‘Interim’ and / or ‘mop-up’ ARCPs

These are formal reviews

– May be called after an unsatisfactory outcome to monitor progress since remedy was prescribed
– May be to review the evidence leading to an Outcome 5 being issued to determine revised Outcome

An Outcome should be issued

– Some specialties review trainees six months after programme commences at an “interim review” which is NOT an ARCP even if on same day as ARCPs
Overview of F1 ARCP Process

Throughout F1
- Assessments, supervised learning events, reflections and meetings are conducted as per the FP Curriculum and RefGuide 2012 framework.
- All evidence contemporaneously recorded within the e-portfolio.

Towards the end of F1 / preparing for ARCP
- Foundation schools to publish ARCP timetable (min. 6 weeks for F1s to finalise e-portfolio evidence) whilst also establishing members for an ARCP panel.

ARCP review
- Every F1 doctors’ e-portfolio is subject to ARCP review. The panel completes an ‘ARCP Outcome Form’ which details the review and recommends an ARCP outcome.

Outcome 1
Recommended for sign-off
- Foundation doctor notified of ARCP outcome and doctor signs ARCP outcome form.
- Foundation School Director to consider ARCP outcome with view of issuing the certificate of ‘Attainment of F1 Competence’ (AF1).
- Please see the 2014 timetable for issuing the AF1.

Outcome 2
Inadequate progress – additional training time required
- Foundation doctor notified of ARCP outcome and doctor signs ARCP outcome form.
- Foundation School Director to arrange remedial training.
(FP Ref Guide 2012: 10.43 – 10.47)

Outcome 3
Released from training programme
- Foundation doctor notified of ARCP outcome and doctor signs ARCP outcome form.
- The graduating UK medical school and the foundation school must inform the GMC of an outcome 4.
- The medical school (for UK grad) or foundation school (for non-UK grad) should write to the F1 doctor setting out the processes for an appeal.
- The foundation school, in partnership with the medical school for UK grad, should offer the F1 doctor career counseling.
(FP Ref Guide 2012: 10.50 – 10.55)

Outcome 4
Incomplete evidence presented – additional training may be required
- Foundation doctor notified of ARCP outcome and doctor signs ARCP outcome form.
- A further ARCP review is scheduled.
- Foundation doctor updates e-portfolio with adequate evidence and explains (in writing) the reasons for the deficiencies to the panel.
(FP Ref Guide 2012: 10.32)

Outcome 5
Inadequate progress – additional training time required
- Foundation doctor notified of ARCP outcome and doctor signs ARCP outcome form.
- A further ARCP review is scheduled.

Appeal against an outcome 3
- Foundation doctors can only appeal if they can demonstrate that evidence confirming they had met all of the required outcomes contained in the Curriculum was available to the ARCP panel, by the specified date, and was not considered appropriately.
- Outcome 3 appeals will be heard by the responsible foundation school.
(FP Ref Guide 2012: 10.58 – 10.57)

Appeal against ARCP an outcome 4
- Foundation doctors can only appeal against the processes that lead to the recommendation to end F1 training, not the educational decision itself.
- For UK graduates, the appeal will normally be heard by the university of graduation.
- Non-UK graduates will have their appeal heard by their responsible foundation school.
PLAN
PREPARE
PERFORM
Other panel members

- Minimum of two other clinicians in addition to Chair
- Academic rep for ACF and ACL post holders
- Military rep for Defence Deanery trainees
- Dean’s rep for potential adverse outcomes
- Lay rep and External Advisor to sample >10% of trainees

ALL must be up to date with Equal Opps and Diversity training
Their roles: clinicians

Preparatory screening of the portfolio

• Benchmark to specified standard:
  – Increasingly nationally set by Royal College
  – May be useful to bring a ‘hard copy’ of checklist on ARCP panel day

• Alert Panel Chair in advance if there are areas of concern

• Active participation in the discussion on the day
Their roles: HEE TV staff

• Much of this is ‘back office’ and happens in the weeks before the panel meet
  – Alert trainees of date(s)
    • For submissions (Form R, eportfolio)
    • When panel will meet
  – Circulate timetables to panel members and trainees
  – Have Deanery files available if needed (these are now electronic)
Their roles: HEE TV staff

- Check receipt of Form R and Exception reports from Trusts
- Prepare forms to support revalidation process
- Ensure relevant documentation available on the day
  - Most ARCP outcome forms are now on ePortfolios but paper ones will be printed for specialties still using paper
  - Declarations on Wider Scope of Practice if submitted
Their roles: HEE TV staff

- HEE TV staff will take notes of any face to face interview in the event of an adverse outcome being given.
- HEE TV staff will **not** be able to ‘drive or pilot’ the ePortfolio for the panel: a panel member must do this.
Roles: External and Dean’s reps

• These clinicians are expected to provide expert guidance on specialty specific matters (ER) and HEE TV/ GMC policies / procedures (DR)
• ‘7.56 The Postgraduate Dean (or their nominated deputy) must be present at any panel meeting involving cases where it is possible that a trainee could have an outcome indicating unsatisfactory progression, which may require an extension to training’ Gold Guide v6, Feb 2016.
• These reps can be invaluable in providing a wider perspective on training matters
Role: the HEE TV Lay Rep

- He or she is present to provide non-medical eyes and ears to the process.
- ‘7.55 The lay advisor will primarily review the process followed by the ARCP panel and the conduct of the panel, as measured against accepted general good practice for ARCP panels and the standards that are set in the Gold Guide. The lay advisor should not be asked to judge whether the ARCP outcome awarded to the trainee is appropriate or whether the trainee has made satisfactory progress. The lay advisor may be asked on occasion to contribute a lay perspective to inform elements of the ARCP panel’s activities but the role is to ensure the process is followed correctly, not to give an opinion on the outcome or the trainee’s progress. The lay advisor is not performing the role of panel chairperson but has responsibility (along with all the panel members) to ensure that the conduct of the review conforms to good practice.’ Gold Guide v 6 Feb 2016
PLAN
PREPARE
PERFORM
The ARCP day

• Use the briefing slides
• Allocate specific tasks

• Trainee not expected to show evidence or give a presentation
• Trainee not present until outcome decided
Tasks

• Participating in the discussion about a trainee’s evidence of progression and fitness to practise
• Piloting / driving eportfolio
• Completing draft ARCP outcome form once decision made
• Completing form /checklist to support revalidation
• Lay, External and Dean’s reps will all produce a report on the ‘event’
Checks to support Revalidation and Fitness to Practice process

• Before the panel meet
  – Trainee has submitted Form R with own declarations: if late, automatic Outcome 5
  – Trusts send reports of complaints or Serious Incidents (SIs) where a trainee is involved

• On the day
  – Check ES report for confirmation re complaints and SIs
  – Check Reflective Log has evidence of learning from these events
Checks to support Revalidation process

• Note projected CCT date on paper revalidation grid chart
• Really important if CCT within next three months, especially if trainee not taking up Period of Grace
After ARCP panel meeting

Chair MUST release ARCP Outcomes to trainees within 10 days

Nominate a deputy if you will be on leave
Consider these five models for ARCP panel meeting and answer these three questions

• How will the chairperson, External rep or Dean’s rep confirm standards?

• Which is best for the panel?

• Which is best for trainee?
# model 1

- Discuss and review material (with preparatory homework)
- Decide on outcome
- Debrief trainee
- And repeat every 15 to 20 minutes
- Short break for lunch
# model 2

- Discuss and review material (without preparatory homework)
- Decide on outcome
- Debrief trainee
- ‘Working lunch’
# model 3

- Divide those present into micro-panels to review evidence up to lunchtime
- Short lunch break, often still checking eportfolios
- See trainees after lunch by same micro-panel
# model 4
- Instruct micro-panels to do preparatory homework
- Micro-panel ‘chair’ suggests outcome
- Spend two minutes per trainee as a large group discussing trainee
- Break into micro groups to debrief trainee and confirm outcome
#model 5

- Instruct panel to do preparatory homework
- Discuss all trainees and check ES report on the day
- Agree Outcome
- Have lunch
- Break into micro panels for debriefing trainees later same day or on another day
‘Adverse Outcomes’

some key points
From HEE

The importance of the ARCP process is to identify where a trainee is making progress and where they are not and to prescribe action to improve the progress where necessary. Therefore outcomes termed unsatisfactory are not necessarily undesirable. They may in fact reflect a supportive educational environment which proactively identifies issues and helps the trainees to correct them or identifies a deficiency in the educational environment that needs to be corrected for the trainee to be successful. Equally, a high proportion of satisfactory outcomes may reflect a less rigorous assessment process.
The trainee with an ‘adverse’ Outcome

• About 20% do not get Outcome 1 or 6

• Nationally, 50% of trainees who challenged an adverse Outcome had the decision changed in their favour up to 2014

• Reviews and Appeals are time consuming and distressing for all involved
Outcome 3
‘Stopping the Clock’

- The trainee needs more time to achieve competencies required
- For exam failure, extra time is calculated in calendar months
- For lack of clinical progress, extra time is ‘pro-rata’, so less than full time trainees needing 6 months whole time equivalent will get more than 6 calendar months
'Extra time’ is limited

• Six months in core and uncoupled specialty training (total thus twelve months)
• Twelve months in run-through specialty training
• Additional time of up to one more year at the Dean’s discretion.

See p64 GGv6 for detail plus section 6.82 onwards for LTFTs
# Ready-reckoner for LTFT training

<table>
<thead>
<tr>
<th>LTFT fraction of full time training</th>
<th>Whole time equivalent (months of training required)</th>
</tr>
</thead>
<tbody>
<tr>
<td>50 %</td>
<td>6 months to work 12 18 24</td>
</tr>
<tr>
<td>60 %</td>
<td>5 10 15 20</td>
</tr>
<tr>
<td>70 %</td>
<td>4.3 8.6 12.9 17.2</td>
</tr>
<tr>
<td>80%</td>
<td>3.75 7.5 11.25 15 months to work</td>
</tr>
</tbody>
</table>
Outcome 5

• Issued when there is insufficient evidence to make a confident decision on Outcome
• Strictly time limited to 2-6 weeks
• Panel should agree what evidence is required. If the missing evidence is simply a certificate, the ARCP chair can change outcome once certificate is seen without other panel members being involved, but for missing WPBA / MSF have chair plus two others validate. This can be done electronically/ remotely
• Trainee can choose not to submit additional evidence but then 5 converts to a 3 (or 4 if has had a maximum of 24 months of extension to training already)
Outcome 5 continued…

• Also issued if Form R is not submitted by the stipulated deadline

• All Outcomes 5 MUST be logged on an ARCP outcome form, even if Form R arrives between the deadline and ARCP panel meeting
Sharing the Outcome with the Trainee
Feedback to trainee

• Mandatory face to face if Outcome 2,3,4 or 5

• Locally seen as potentially ‘risky’ not to offer everyone face to face feedback as some might not get an Outcome 1

• Rather nice to congratulate those getting Outcome 6, especially at end of training and entry to Specialist Register
‘Value added’ feedback

Is it reasonable to see a trainee for three to five minutes to confirm an Outcome 1?

We have clinics / procedure lists to deliver

I’m on nights

We do not have funds for this
Even trainees who have an Outcome 1 benefit from structured feedback to move from competent to competitive.

Trainee feedback on the placement is useful intelligence too.

Potential to share ‘best practice’ across sites.

“We all need people who will give us feedback. That’s how we improve.”

Bill Gates, Microsoft
‘The dissatisfied, disgruntled or unhappy trainee’
Trainee requests for reviews and appeals

**Reviews** are only option if Outcome 2, precursor to an appeal if Outcome 3 or 4

- Original panel members
- Process assurance
- Trainee may supply mitigating circumstances material when asking for review
- Good practice to debrief trainee on decision
– 10 day deadline after getting Outcome
  – Email Specialty School Manager
  – Review should be done within 15 days
  – Outcome may change (either direction) or stay
  – No requirement to see trainee at any stage (but
Trainee requests for reviews and appeals

**Appeals** are only for Outcomes 3 or 4

- 10 day deadline after getting Outcome
- Initial review of process to determine if rules followed
- Entirely new panel
- Trainee may supply mitigating circumstances material and new evidence for consideration when seeking an appeal
- Email Specialty School Manager
– TPD and others can submit additional material for consideration
– Appeal date should be confirmed within 15 days (ideally appeal hearing complete too)
– Outcome may change (either direction) or stay
Appeal panel composition

• the Postgraduate Dean or a nominated representative as Chair of Appeal Hearing
• a College/Faculty representative from outside HEE TV, and from the same specialty as the trainee
• a senior doctor from HEE TV as the trainee and from the same specialty as the trainee
• a senior doctor from HEE TV as the trainee and from a different specialty to the trainee
• a senior trainee from a different specialty to the trainee
• A Lay Representative
Operational notes

• Both trainee and trainers may submit additional material not seen by original panel
• This will be disclosed to all
• Material circulated about a week before the Appeal is heard
• Trainee may bring a ‘friend’ to Appeal
• Trainee legal representation only with ‘adequate’ prior notice
Decision

- Decision is final
- If trainee still unhappy he/she will have to take to Employment Tribunal
Summary

• Understanding the role and responsibilities of chairing the ARCP
• Understanding the role and value of other panel members
• Models for reviewing evidence
• Models for trainee feedback interviews
• Understand what redress a trainee may seek if an adverse outcome is given
• Awareness of the STP driving model for changing current ARCP panel and feedback arrangements