

# ARCPs & Trainee revalidation

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(At least...) Annual reviews of progression

All trainees

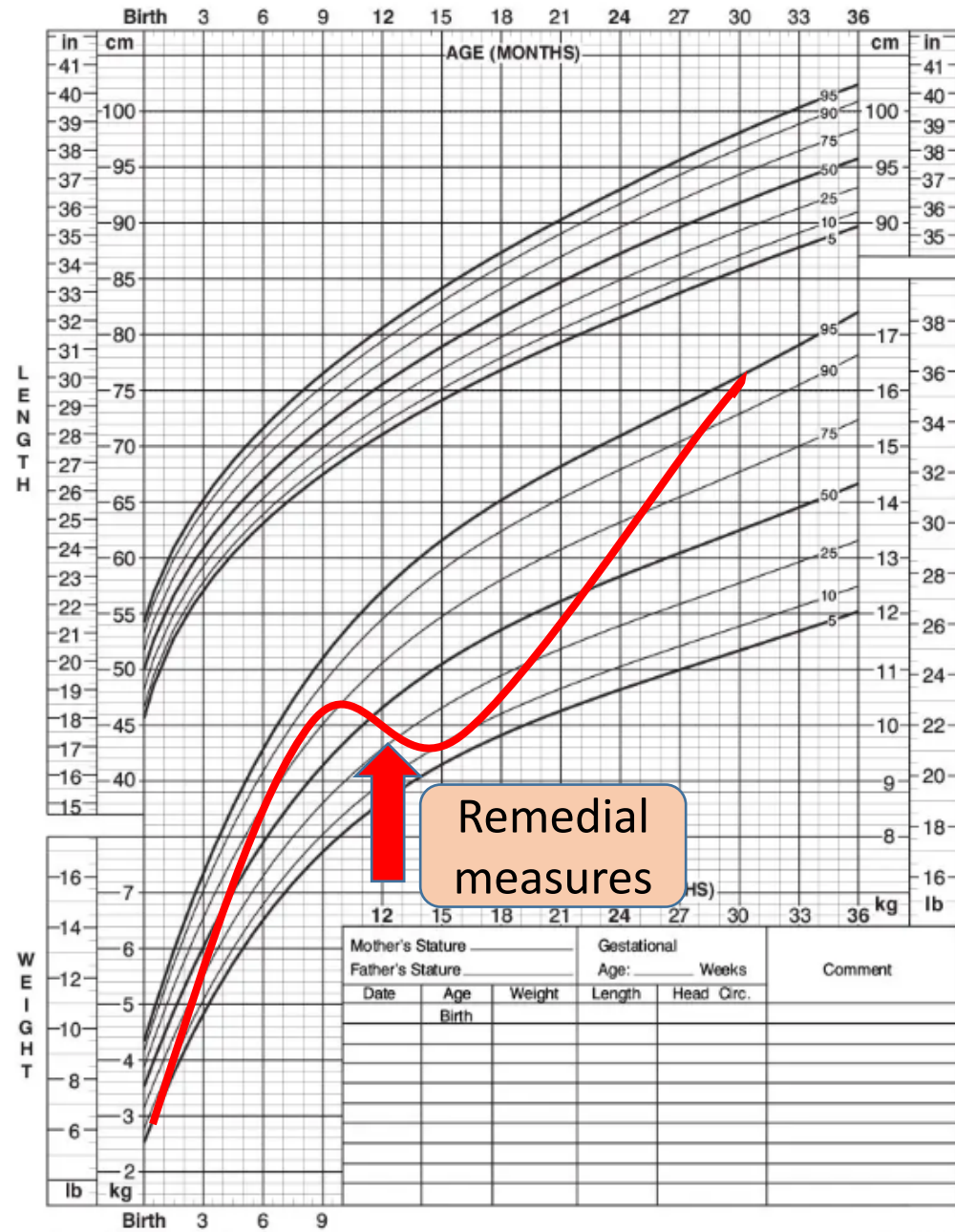
Review evidence

Produces outcomes

# Scope

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- Role of ARCP
- ARCP outcomes
- What do you need for a good outcome
- Not so good outcomes/Adverse outcomes
- Preparation: Trust, Trainers, Trainee, HEE
- CCT date
- Form R
- Outcome form



**Supervisors = Fostering**

# What is ARCP

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- Organised by the **School of Psychiatry**.
- **Formal review** of how well a trainee is progressing in relation to their **learning agreement**
- Assesses their ability to **progress** to the next level.
- At least **yearly** (even for LTFT) but may occur more frequently
- Remote or Face to Face

# When face to face

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## It is **essential** for a trainee to attend when:

- Expecting an Outcome 2, 3 or 4 (Require discussion and / or guidance)
- An ARCP following an Outcome 2 or 3, to determine progress

## Trainees **might** also attend if:

- Approaching CCT or the end of their training programme (eg core training)

## Trainees **may wish** to attend (or be invited) if:

- Returned to training after an absence
- Route through training has been complicated and may benefit from direct discussion

# What can I tell my trainees

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- Plan well in **advance**
  - **Mini-PAT** well in advance
  - Supervisors need time ( leave etc)
- WBPA's need to be collected **throughout your post.**
- Fill in the **career** section of the portfolio.
- Time out of training : Upload a **CV** or similar document to help the panel

# What can I tell my trainees

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- Do NOT put any information in your portfolio that identifies specific **patients**.
- If > 14 working days out of training, panel will need to review your **CCT date**.
- Check F2f or remote
- **PDP**
- **Map** WPBAs and competencies
- **Reflective** practice: Dialogue with CS/ES

# Panel

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- Chair
- 2 others ( at least ES status)
- Lay person
- College rep
- Admin staff
- Academic reps
- Sometime a dean if non-standard outcomes

# The Role of the ARCP

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1. The review covers the **scope of work** since last ARCP
2. Appropriate **supporting information** has been presented
3. A **review** of training progression has been undertaken
4. There are no outstanding **causes for concern** about the trainee's fitness to practice across their full scope of practice

# ARCP outcomes

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1	Satisfactory progress
2	Needs further development, extra time not needed
3	Needs further development with extra time
4	Removed from programme
5	Incomplete evidence
6	Completion of training programme
10 (new)	Covid related training delay
U Codes	For an Unsatisfactory outcome
N Codes	For a Non-assessment
C Codes	For Outcome 10s

# What does the trainee need for an outcome 1 ?

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1. Supervisor reports – CS and ES
2. Form R
3. Adequate WBPA's
4. Other curriculum / portfolio items

# Your CS / ES report

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- Specific
- Refer to the **evidence** in the portfolio
- Note particular **positives**
- Record areas of **concern** with evidence
- No longer recommends an outcome

## Work Place Based Assessment

Minimum number required per year\*\*\*

- Minimum number
- Some trainees may need more to demonstrate attainment of competencies
- Range of patients and assessors

<i>Expertise (ACE)</i>	2	3	3
<i>Expertise (mini-ACE)</i>	4	4	4
<i>Case Based Discussion (CBD)</i>	4	4	4
<i>Direct Observation of Clinical Skills (DOPS)</i>	*	*	*
<i>Direct Observation of Clinical Skills using the Mini-PAT (mini-PAT)</i>	2	2	2
<i>Case Based Discussion Group Assessment (CBDGA)</i>	2	-	-
<i>Structured Assessment of Psychotherapy Expertise (SAPE)</i>	-	1	2
<i>Psychotherapy Assessment of Clinical Expertise (PACE)</i>	-	1**	1**
<i>Case Presentation (CP)</i>	1	1	1
<i>Journal Club Presentation (JCP)</i>	1	1	1
<i>Assessment of Teaching (AoT)</i>	*	*	*
<i>Direct Observation of non-Clinical Skills (DONCS)</i>	*	*	*

	CT1	CT2	CT3
<i>Expertise (ACE)</i>	2	3	3
<i>Expertise (mini-ACE)</i>	4	4	4
<i>Case Based Discussion (CBD)</i>	4	4	4
<i>Direct Observation of Clinical Skills (DOPS)</i>	*	*	*
<i>Direct Observation of Clinical Skills using the Mini-PAT (mini-PAT)</i>	2	2	2
<i>Case Based Discussion Group Assessment (CBDGA)</i>	2	-	-
<i>Structured Assessment of Psychotherapy Expertise (SAPE)</i>	-	1	2
<i>Psychotherapy Assessment of Clinical Expertise (PACE)</i>	-	1**	1**
<i>Case Presentation (CP)</i>	1	1	1
<i>Journal Club Presentation (JCP)</i>	1	1	1
<i>Assessment of Teaching (AoT)</i>	*	*	*
<i>Direct Observation of non-Clinical Skills (DONCS)</i>	*	*	*

# Others bits

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## Psychotherapy

- Psychotherapy Tutor sign off
- 2 cases in 2 different modalities and duration:
  - Long therapy case (more than 20 sessions)
  - Short therapy case (12 - 20 sessions)

## Audit/QIA

- Audit/ QIA : 2 completed audits by the end of CT3

## Leadership/management

## Reflections

## Research

## ECT

## Mandatory training

## Out of hours

# Reflection

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- Support trainees to become reflective practitioners
- Reflection on CPD or learning – objectives met, application, change, further learning
- Reflection on cases – standards, incidents, peer discussion
- Reflection in appraisal
- Combination
- Documentation – the findings from reflection with learning and actions, not the clinical detail, anonymous.
- Positives and negatives
- Personal
- GMC, Acad RCs templates

# Demonstrating reflection

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- Sometimes medical students and doctors may want to discuss or write down their reflections, or may be required to as part of their education, training and development.
- A reflective note does not need to capture full details of an experience. It should capture learning outcomes and future plans.
- Engagement in reflection can be demonstrated in different ways, depending on career stage.
- *Anonymising details in reflections:* When keeping a reflective note, the information should be anonymised as far as possible.
- *Reporting on serious incidents:* Reflecting on the learning resulting from a significant event or serious incident is important. Reflective notes should focus on the learning rather than a full discussion of the case or situation. Factual details should be recorded elsewhere.

# U codes and N codes

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U code example	N code example
<ul style="list-style-type: none"><li>• Record keeping</li><li>• Inadequate experience</li><li>• Poor engagement</li><li>• Exam failure</li><li>• Requiring additional support</li></ul>	<ul style="list-style-type: none"><li>• Sick leave</li><li>• Parental leave</li><li>• Not in post long enough</li><li>• Left on Inter-deanery transfer</li><li>• Trainee suspended</li><li>• Resignation (with or w/o training issues)</li></ul>

# Outcome 3 – extra time

## Duration of extension to training

<b>Programme</b>	<b>Extension to training time</b>	<b>Exceptional additional training time<sup>1</sup></b>	<b>Total</b>
Core training	6 months	6 months	12 months
Higher training	1 year <sup>2</sup>	1 year	2 years <sup>3</sup>
Run-through training	1 year	1 year	2 years
General practice training	1 year	6 months	18 months

4.87 While 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 paragraph 4.72.)

Time in training  
(WTE)

Dual training

Remedial time

Time out of  
training

Other (unusual)  
circumstances, eg  
training  
opportunities

CCT date

# Revalidation for Doctors in Training

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- The ARCP is equivalent to NHS appraisal
- RO for all doctors in training is Postgraduate Dean
- Includes full scope of a doctor's practice – Form R
- Includes Fitness to Practice info from Employer



Information from the ARCP process supports the RO's recommendation to the GMC

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**Covers the entire scope of practice for which a trainee holds a license to practice including:**

- Locum work
- Voluntary work e.g. St John's Ambulance,
- Personal business, e.g. Botox
- Complaints and compliments across full scope of practice
- Involvement in and learning from investigated significant events arising across full scope of practice

# Outcome form

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- Reasons for outcome
- Specific competencies that need to be achieved
- Record any mitigating circumstances  
(should be in portfolio in advance)
- Note right of review/appeal and PSU availability
- Comment on any particular positives
- Do not compromise trainee  
(eg in ongoing SI investigations)
- Updated CCT date, next ARCP date

# ARCP - Summary of process

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## Pre - ARCP

Panel contacted

Divide up tasks

Review portfolio

Check info for CCT

Check attendance

## Starting ARCP

Briefing

## Review evidence

Portfolio  
Form R  
Time in training  
ES / CS reports

Keep to time

## ARCP outputs

Outcome number

Outcome form

CCT date

Revalidation

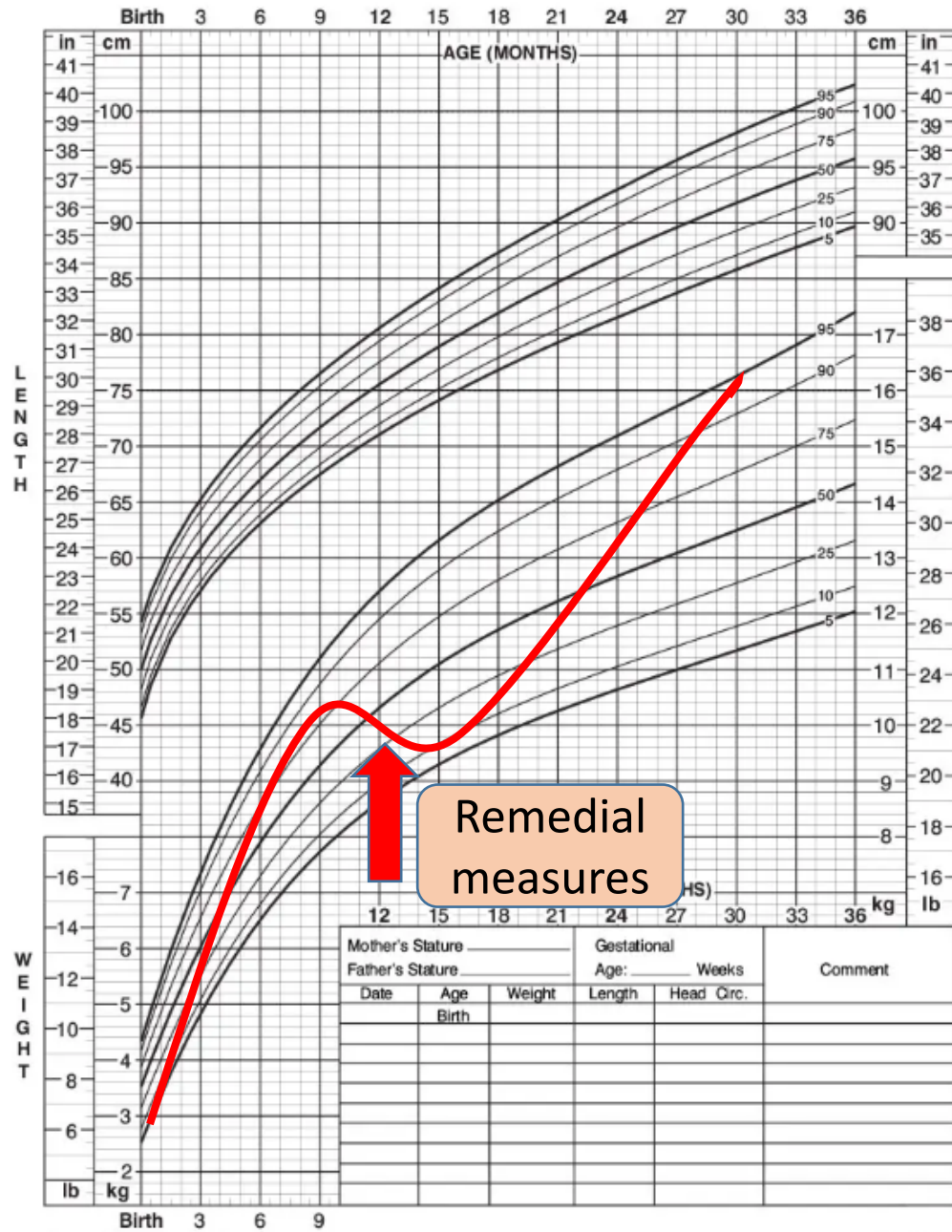
Support for trainee

ES Feedback form

# Other

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- Academic trainees
  - Joint academic/clinical ARCP panel
  - Joint clinical/academic annual assessment 1m before this
- OOP



**Supervisors = Fostering**

Thank you