

**Recommendations of RCPSYCH
Annual Review of Competency Progression (ARCP) Working Group**

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Introduction

The Annual Review of Competency Progression was introduced as the key summative assessment process in British postgraduate medical training in 2007. Despite guidance being iterated in various editions of the "Gold Guide" (the reference guide to the process produced by COPMeD (Conference for Postgraduate Medical Deans) on behalf of the 4 UK health departments) regional variation has been acknowledged to have developed in all medical specialties (COPMeD 2018) (HEE 2018). Heads of Schools in psychiatry had become aware that psychiatric training was not exempt from this variation and were particularly aware of the potential for adverse impact on trainee morale ([Supported and Valued \(2017\)](#)).

A Royal College of Psychiatrists' (RCPsych) working group was therefore established under the chairmanship of the Dean with the specific aim of providing national clarity on ARCP processes and requirements to ensure equality of assessment experience. Whilst the group focused on delivering assessment in an educationally focused and meaningful manner for core trainees in psychiatry, the principles contained within this document are equally applicable to higher training.

It is important to note that the latest edition of the Gold Guide is the definitive authority on ARCP processes (COPMeD 2018). The guidance below, however, provides further granularity for psychiatry training and has been co-produced by Heads of School of Psychiatry, the RCPsych Dean and the Psychiatric Trainees' Committee and is endorsed by The Royal College of Psychiatrists' Education and Training Committee (to be confirmed following meeting in June 2018).

ARCP Values

The ARCP represents a high stakes summative assessment for those in training and is an important component in maintaining patient safety. The majority of trainees will progress on to the next stage of training without difficulty. For some, however, the ARCP can result in the trainee needing to develop specific competences, which may require additional training time. For others, the ARCP may mark the end of their training either through successful completion or in a very small minority of cases through failure to progress. The ARCP is also the mechanism by which doctors in postgraduate training meet their regulatory requirement for revalidation by the General Medical Council.

The expectations placed upon today's trainees are significant and each e-portfolio represents many hours of hard work, reflection and professionalism. It is therefore vital to the success of the ARCP process that the values expected from trainees – preparation, attention to detail and professionalism – are reciprocated by ARCP panels who must have time to effectively train for the role and prepare sufficiently to contribute to a meaningful discussion of each trainee's professional development.

Too often we hear criticism across medicine of the ARCP process having become a "tick-box" exercise. Successful outcome at ARCP should be a cause for celebration. It represents an opportunity to mark a key point in the training journey, to note achievements, reflect on learning to date and move onto the next stage of training with renewed energy and commitment to excellence. Feedback from trainees would suggest however that often we are failing as educators to maximise this opportunity. It is a key recommendation that detailed formative feedback from our expert ARCP panels is communicated to all trainees whether they are seen to be having difficulties in training or not.

The ARCP process should be uniform throughout the UK and regional variations actively discouraged. Historically, variation in process has grown up through well-meaning attempts to improve quality in individual schools. However, this has resulted in a plethora of local forms and expectations. This guidance clearly outlines the agreed process and recommends

that any further recommendations are developed UK wide via consensus through the Head of Schools committee at RCPsych. All schools are expected to use the RCPsych e-portfolio and fully utilise the electronic forms contained within it. Local variations including uploading of paper forms detracts from the key value of equality of experience and is not supported by the RCPsych.

As commitment to national benchmarking, schools should appoint external college representatives to panels where possible and those leading ARCP panels seek opportunities to visit other schools as part of this.

Kate J. Lovett

Dr Kate Lovett, Dean, April 2018

Executive Summary

The working group used quality improvement methodology when carrying out this work and focused on three key areas as primary drivers. Firstly, the process of the ARCP panel and how the Portfolio works within this. Secondly, the requirements of the ARCP and ensuring that these are consistent across the UK in order to guarantee that trainees have the same experience no matter where they train. Finally, examining clarity of communication regarding the process to ensure that these recommendations were communicated and implemented.

Aim	Primary Driver	Secondary Driver	Implementations
Provide national clarity on ARCP processes and requirements to ensure equality of experience and assessment in an educationally focussed and meaningful manner for core trainees (and higher trainees where applicable)	Processes	Documentation	L1 and L2 e-Portfolio forms mandatory
		Attendance	New e-Portfolio forms if necessary (i.e. for ECT competencies)
		Outcomes	Minimum requirements
		Feedback	RCPsych guidance on use of outcomes
		Feedback	ARCP e-Portfolio forms adjusted to include mandatory feedback
	Requirements	WPBAs	RCPsych minimum requirements
		Psychotherapy	RCPsych guidance (approved by psychotherapy SAC) specifically considering: <ul style="list-style-type: none"> - Minimum number of sessions for satisfactory completion of Balint group, short cases and long cases. - Procedure if a patient drops out prior to the completion of the minimum number of sessions required to complete a short or long case
		Additional Experience	RCPsych guidance for: <ul style="list-style-type: none"> - Audit /QI - Leadership and Management - Research - ECT - Mandatory Training - GMC Survey - Resuscitation Training - 50 Emergency Cases
		Curriculum Coverage	RCPsych guidance on curriculum mapping
		Reflections	RCPsych guidance and minimum number
		RCPsych	Website summary of above requirements for each level of core training
	Clarity	School of Psychiatry	Commitment of adherence to national guidance / requirements and that any changes can only occur once per annum and must be approved through RCPsych ETC
		Consistency	Commitment not to retrospectively implement renewed ARCP requirements

Figure 1 – Driver Diagram

The following table summarises the key recommendations for improving Core Psychiatry ARCP processes:

Process	All schools must use the online portfolio for the ARCP process.
	ARCP panels must meet the trainee if there is a possibility of an unsatisfactory outcome.
	The level 1 and level 2 supervisor reports should be updated to reflect the new curriculum and renamed to provide clarity.
	The ARCP outcome portfolio form should have a mandatory feedback section added.

	External college representatives should be appointed to panels where possible and those leading ARCP panels should seek opportunities to visit other schools as part of benchmarking.
Requirements	Requirements for WPBAs and Psychotherapy must be made clear to trainees and remain consistent throughout the ARCP period, and not be retrospectively altered.
	Trainees must be given clear guidance about how to map their assessments to competencies through the portfolio.
	Doctors in training should be supported and encouraged to reflect openly and honestly to aid their learning and training. Examples of this process should be recorded by the trainee using brief anonymised written notes in their e-portfolios, but the majority of a trainee's reflective practice should be assessed in dialogue with the Psychiatric and Educational Supervisors during supervision and WPBAs and commented on accordingly in their respective reports. It should not rely on written reflective pieces alone.
	Integrating form R within the e-Portfolio should be piloted in test sites before wider roll out nationally.
	Deaneries and training boards must not add their own requirements to ARCP that are not included within the curriculum.
	All further refinements to guidance regarding requirements for psychiatry ARCP must be through consensus UK wide via Heads of Schools meeting at RCPsych and ratified by ETC (Education and Training Committee)
Clarity	A webpage should be developed to sit within the current RCPsych training section where all guidance relating to ARCP process can be easily found.
	Heads of School should be asked to sign up to the above recommendations to ensure consistency across the UK and dissemination of agreed practice via local education networks.

Section 1 Process

1. All schools must use the online portfolio for the ARCP process.

The working group considered that all ARCP panels should be using the standardized e-portfolio for ARCPs and that paper portfolios were now obsolete.

2. ARCP panels must meet the trainee if there is a possibility of an unsatisfactory outcome.

As stated in the Gold Guide, ARCP panel decisions must be made in absentia¹. However, trainees may be asked to attend if it has been identified that there is a possibility of an unsatisfactory outcome being reached. If an unsatisfactory outcome is recommended, the trainee must meet with either the ARCP panel or a senior educator involved in training as soon as possible². Following the ARCP, formative feedback should be offered to all doctors, including to those performing well. This should be provided in a timely and supportive manner³.

3. The level 1 and level 2 supervisor reports should be renamed to provide clarity.

Amendments to ARCP forms and related e-portfolio functions:

Feedback has indicated confusion regarding the use of level 1 and level 2 forms, who should complete these at what stage, particularly when training stages do not fit with calendar years (See Point 5 below), and the need for clarity of benchmarking.

The following recommendations focus on Core Training in Psychiatry but take into account higher training also. These aim to clarify terminology and embed in ARCP practice the role of *psychiatric supervisor* (added to the curriculum in 2017) as distinct from clinical supervision and the role of the educational supervisor.

The Level 2 report currently asks for an ARCP outcome recommendation. Whilst there should be advance discussion of assessed/anticipated difficulties with the trainee (*'No Surprises' as per Gold Guide*), the ARCP outcome should not be pre-empted as this is the preserve of the ARCP panel. The recommendation of an outcome should be removed from the form.

The only defined benchmarks are those for end of training stage as listed in the curricula. These are the only ones against which progress can be reliably measured. Supervisors should not devise their own interim benchmarks but should comment *on whether progression towards the end points* is satisfactory for the time at which they are completing the report. The decision of the ARCP panel will be based on the same principle where ARCP does not coincide with the end of a training stage (see point 5 below).

Recommendations for Supervisor reports.

Level 1 report currently – re-name '*Psychiatric Supervisor Report (CT/ST 1-3 End of Post; ST 4-6 End of Post/Mid-term)*'

Level 2 report currently – re-name '*ARCP Educational Supervisor Summary Report*'

Report Name	ARCP Educational Supervisor Summary Report	Psychiatric Supervisor Report (PSR)
Who	Educational Supervisor	Psychiatric Supervisor
When	Completed once a year prior to ARCP for all trainees ^{1*}	Completed at end of each post (for STs: also, if mid-term report needed) ^{2**}
What	Similar to Level 2 but without ARCP outcome recommendations	Similar to Level 1
Why	Provides a summary overview of progression towards ILOs as well as professionalism and revalidation for that ARCP year.	Provides a comprehensive update of progress <i>in that post</i> that informs the ARCP Educational Supervisor report (or mid-term progression for STs).
Setting clear outcomes for each report	Progression achieved in attaining expected ARCP milestones for end of that training stage. For trainees having an ARCP ahead of completing a training stage (e.g. LTFT where each training stage is longer than one year but meeting <i>annual</i> requirement for ARCP); the anchor points must be for <i>end of the stage</i> but with comment on whether progress is as expected or not.	Progression achieved to date with regard to expected ARCP milestones for <i>end of that training stage anchor points as per curriculum</i> . A trainee part way through a training stage will not be expected to have achieved all ILO competences before the end of the training stage; the supervisor should be guided to comment on whether progress is as expected or not.
Specialty Specific Reports	Core training By CCT for higher training.	Core training By CCT for higher training.

^{1*} With two forms that have different purposes it is difficult to get away from the need for one person to potentially need to complete both forms when (as can be the case in higher training) one person fulfils both PS and ES roles. Possible solutions might be IT based in terms of the two forms being combined when one person fulfils both roles; or to have only a single form with two sections (PS section and an ES section, the latter only being completed on the report that is prepared immediately before an ARCP. Discussion with the portfolio team and at the RCPsych Heads of Schools meeting is needed regarding this.

^{2**} For **CT** the “end of each post” would occur towards the end of each post. In training programmes with 6-month posts this would, for example, provide 2 PSRs per ARCP year.

^{2**} For **ST**, training programmes of 12-month posts would produce 2 Psychiatric Supervisor Reports (PSRs) per ARCP year. There would be an expectation that there is one PSR completed as an end of year/pre ARCP summary **and an additional one** as a mid-year review, providing the two reports for the ES to use to inform their overview report for ARCP.

For example:

In an ARCP year that bridges two training posts, an “end of post” PSR should be completed when the trainee leaves the first post (effectively functioning as a handover report between trainers; it is more appropriate that the report be made at the end of the first post than at the chronological mid-point of the year, should these events not coincide) with the next Psychiatric Supervisor completing a second PSR (based on the first PSR and capturing further progress in time for the ARCP). The Educational Supervisor would then have the two necessary PSRs to inform their ARCP Report in all cases.

Using the PSR as an interim/ mid-way review report as described above during any one-year period of training would offer trainers and trainees a consistent way to formally reflect and capture progress mid-way through a training year.

To offer both "end of post" and "mid / interim review" options, the form would need to include a drop-down box so indicate whether completed for "end of post" vs "mid-post review" and reflect its relationship to the next ACRP.

4. The ARCP outcome portfolio form should have a mandatory feedback section added.

Practice for feeding back to trainees with satisfactory outcomes varies. The practicalities of providing feedback to trainees with satisfactory outcomes will inevitably vary depending on factors including geography and resources, however it is key that this important milestone and opportunity for formative feedback is not missed, to allow the ARCP process to support development of excellence not simply confirming that trainees have 'got over the minimum threshold needed'. The ARCP **outcome form** should be amended to include a mandatory feedback section for all trainees; discussion of which should be undertaken with them by an agreed local arrangement.

5. Equitable and consistent ARCP expectations of all trainees

The Gold Guide is clear that all trainees require to have an ARCP not less than annually (i.e. 12 calendar months). This is whether they work full time, whether their training year fits neatly into a calendar year or not, whether they work Less than Full Time (LTFT), have had statutory (maternity, paternity, adoption) leave, are academic trainees, trainees who have had significant periods of sickness or other leave, trainees who have had an Out Of Programme Experience (OOPE), and some Higher trainees whose ARCP time points do not coincide exactly with the end of a training year.

It is important to note that for trainees on extended leave there is the option of receiving an ARCP N Outcome, if evidence for progression is not being reviewed.

Additionally, an ARCP needs to be scheduled to take account of progression points in training e.g. when a trainee is seeking an Outcome 6 to mark for successful completion of training, when they have returned from a long period of time out of training to support their return to training and clarification of training stage and/or any other particular needs. If any trainee, LTFT or otherwise has an ARCP in line with their calendar year of training but has not reached the end of a training year, e.g. CT1, CT2, ST4, ST5, the ARCP review is a comment on whether progression towards the end points is satisfactory for the time at which they are completing the report, as described above in Point 3.

LTFT trainees, and other examples above, will be expected to undertake the requirements for assessment as set in their relevant curricula on a pro rata basis and to spread the balance of workplace-based assessments evenly through the period of time being assessed.

6. Recording academic and clinical progress – integrated academic trainees

A joint clinical/academic annual assessment of academic progress must be undertaken and should take place at least one month before the joint academic/clinical ARCP panel convenes. The trainee must also submit evidence of clinical achievement.

The named academic supervisor is required to complete the "Report on Academic Trainees' Progress" form (GG7 Appendix 5), which needs to be signed by the trainee for submission to the annual joint academic/clinical ARCP panel. The form must include details of academic

placements, academic training modules and other relevant academic experience, together with an assessment of the academic competences achieved. The report and any supporting documentation should be submitted to the joint academic/clinical ARCP panel as part of the evidence it receives.

The trainee is not required to attend the panel meeting. Plans for academic trainees to meet with members of the panel should only be made if the TPD **or** the named academic supervisor/lead for academic training indicates that Outcomes 2, 3 or 4, for either clinical or academic components (or both), are a potential outcome from the panel. The ARCP outcome is a global assessment of progress, dependent on both clinical and academic reports to assess achievement.

The academic report should be attached to the outcome document.

7. The ARCP for trainees undertaking OOPR

Trainees who wish to undertake full-time research out of programme must have their research programme agreed with their named academic supervisor. This should form part of the documentation sent to the Postgraduate Dean when requesting OOPR.

Trainees must submit an annual OOPR return to the ARCP panel of their base locality in HEE, NES, the Wales Deanery or NIMDTA along with a report from their named academic supervisor. All academic trainees on OOPR should have a formal assessment of academic progress, which is submitted as part of the documentation for the ARCP panel as described above for joint clinical and academic programmes. The report must indicate whether appropriate progress in the research has taken place during the previous year and also whether the planned date of completion of the research has changed. Any request for a potential extension to the OOPR will need to be considered separately by the Postgraduate Dean.

OOPR can provide credit towards a CCT or CESR(CP)/CEGPR(CP) only if it has been prospectively approved by the GMC and demonstrates achievement of competences defined in the relevant specialty curriculum. The purpose of documenting performance during OOPR is therefore both to assess progress towards meeting the approved academic programme requirements and to ensure that progress is made so that return to the clinical training programme is within the agreed timescale.

Section 2 -Requirements

Requirements for WPBA's and Psychotherapy must be made clear to trainees.

Minimum requirement for WPBA's in Core Psychiatry Training

For those in Core Training the following table shows the minimum number of each assessment that need to be undertaken. Details for requirements for both core and higher training are found within each [curriculum](#). The minimum number has been arrived at in the light of the reliability of each tool, together with an estimate of the numbers that are likely to be needed to ensure a broad coverage of the Curriculum. Many trainees will require more than this minimum, none will require fewer.

Work Place Based Assessment	Minimum number required per year***		
	CT1	CT2	CT3
<i>Assessment of Clinical Expertise (ACE)</i>	2	3	3
<i>Mini-Assessed Clinical Encounter (mini-ACE)</i>	4	4	4
<i>Case Based Discussion (CBD)</i>	4	4	4
<i>Direct Observation of Procedural Skills (DOPS)</i>	*	*	*
<i>Multi-Source Feedback (MSF) is obtained using the Mini Peer Assessment Tool (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>	*	*	*

* There is no set number to be completed in Core Psychiatry training; they may be performed as the opportunity arises.

** The two PACE assessments can be undertaken whenever appropriate for the short and long cases. However, they are usually undertaken in CT2/CT3.

*** Based on 12 calendar month of full time training. Trainees who are LTFT and other trainees who are being assessed on less than 12-month calendar full time training, expectation for pro rata WBPAs.

Psychotherapy

Core Trainees should complete 2 individual cases in two different modalities of psychotherapy. The work place based assessments related to this are included in the table above

Case length is specified as follows:

Short psychotherapy case: 12-20 sessions, (12 sessions as a minimum) with one patient.

Long psychotherapy case: 20 sessions, as a minimum, with one patient.

The precise number of therapy sessions is agreed with respect to the patient's needs, and the model for the psychotherapy, with the clinical supervisor, (e.g. CAT is 24 session model DIT 16 session etc.). The therapy cases need to be supervised by a supervisor who is trained in and in current practice in the therapy model.

It should be noted that "DNAs" should not usually be included when thinking quantitatively

about case length, so if someone has a 24 session long-case and the patient DNAs 8 session this would not be acceptable as a long case but would be as a short. If, however, 5 sessions were DNAs then the discretion of the supervisor and psychotherapy tutor would play an important role in judging the quality of the therapeutic experience and whether competency in the 'long case' had been achieved.

If there are local issues with availability of cases, then this can be taken up with the psychotherapy tutor. These should be viewed as minimum requirements and psychotherapy experience beyond minimum requirements is encouraged while recognising that this is dependent on local resources.

Audit and Quality Improvement

The core training curriculum (2017) ILO10 requires trainees to develop the ability to conduct and complete audit in clinical practice, with appropriate knowledge, skills and attitudes. The curriculum requires core trainees to complete two audits in core training, with at least one completed by the end of CT2.

With the broadening of our understanding of quality improvement and in line with general revalidation requirements, it is appropriate to consider the curriculum requirement in this wider sense. ARCP Panels should consider completed quality improvement projects, even if not strictly using audit methodology, as appropriate evidence for this Learning Outcome.

Linking portfolio evidence to PDP and the curriculum:

Trainees need to link evidence in their portfolio to their PDP and the curriculum in order for themselves and their trainers to be readily able to track progress and portfolio development. Effective linking allows the ARCP panel to locate evidence efficiently and reduces the likelihood of queries (and potential outcome 5s) arising due to evidence not being located by the panel.

There is no minimum or maximum number of ILO's evidence can be linked to. Trainees should however be able to reasonably justify to the ARCP panel how the selected evidence is relevant. Over a year of training sufficient pieces of evidence should be acquired to demonstrate wide curriculum coverage. If the curriculum is fully linked to PDP items then both the PDP and curriculum mapping views will give a ready summary of evidence for each item when viewed by the trainee, trainer or ARP panel.

Adding a formal cap to the number of links is difficult as there will be occasional items (e.g. multi-source feedback) that occur infrequently and really are relevant to multiple curriculum/PDP items – these should be seen as exceptions, however, not the rule. A common-sense approach should be taken where an event has multiple facets – for example, where trainees have attended a multi-session conference, the certificate should not be linked to every ILO/PDP item to which it is relevant, just to one or two main ones. It would be more appropriate to link a note on each specific session attended to the ILO/PDP item to which it is relevant, perhaps cross-referencing the certificate and its location in the note.

Reflective Practice

Reflective practice is vital to safe medical practice. It is what helps us learn throughout our careers and drives improvement in our practice. It is a key component of all psychiatric curricula. One of the functions of psychiatric supervision is to enable a regular safe space for trainees to reflect on learning experiences throughout their training with a trusted senior colleague.

The working group recommend moving away from ARCP panels insisting on variable numbers of written reflective pieces within e-portfolios. This is not a curriculum requirement and we suggest that the psychiatric supervisor is best placed to assess this competency within the psychiatric supervisor's report. We recommend that the report is specifically modified in

order to contain a statement from the psychiatric supervisor with regards to development of this ILO. Trainees should be discouraged from storing patient and colleague identifiable information within e-portfolios. On occasions where supervisors and ARCP panels have concerns about a trainees' ability to reflect, individualized learning plans should be formulated that include training on reflective practice and focused 1:1 time with their supervisor or other agreed individual. Whilst it may be appropriate as part of this process to include written reflection as part of an individualized learning plan this is likely to be in exceptional circumstances and the guidance about ensuring it is completely anonymized should be followed.

Should a trainee find written reflections helpful to their learning, they will not be prevented from including this within their portfolio. The working party are clear however that ARCP panels will be guided with regard to the competency of reflective practice via the psychiatric supervisor's report.

The Academy of Medical Royal Colleges have provided advice around entering information onto a Portfolio System. The Royal College of Psychiatrists supports this advice and urges all trainees to review [their website](#) for the latest available guidance.

If trainees receive a request to release any information from their portfolio they are strongly advised to seek legal advice before doing so.

Additional recommendations regarding modification of E-Portfolio

- a) To consider embedding the professional/revalidation questions that match exactly the COPMeD agreed revalidation questions. This would allow 'Form R' to effectively be included in the portfolio reports to reduce duplication. This has been discussed in principle with one region's Dean and Revalidation Team who felt that they would be happy to accept Form R information within a portfolio (provided signed off by trainee and supervisor in a definitive way) and to adapt their revalidation system to allow this – ideally with a member of the revalidation team being authorised to access the portfolio for the purpose of confirming this to reduce administrative burden on trainees / trainers submitting a duplicate form. This should be piloted if in the North-East Deanery in the first instance before introducing more widely.
- b) Incorporating a time line indicator to easily visualise where a trainee is on their training path – e.g. by embedding a training time calculator. This will assist the trainer's and ARCP panel's understanding of the trainee's position on this path when viewing the portfolio and appraising evidence. This will be particularly helpful for trainees who have had to adjust their CCT dates by working LTFT or as an ACF/L.
- c) A facility to allow time-limited portfolio access to defined others for purposes other than ARCP – e.g. for appeals/revalidation (see (a)) – without the need to set up a 'dummy' ARCP.
- d) Improvement of communication of information via the Exams tabs – at the time of writing, this information is being uploaded manually for each diet. This needs to become automated and achieving this will meet the aspiration of the College exams team for exam results to be communicated via the e-portfolio. This should be incorporated in to the College IT review with the exams and portfolio systems being reliably linked.
- e) Streamlining the process/facility for setting CCT dates which can currently be cumbersome.

Deaneries and training boards must not add their own requirements to ARCP that are not included within the curriculum.

It is not recommended that any additional requirements are added to ARCP that are not contained within the curriculum e.g. Mandatory trust training, completion of GMC survey, ad-hoc rules re. exam passes. Whilst these are undoubtedly important aspects of professional life their inclusion leads to inevitable national variation and using their omission as a reason for failure to progress in training is unlikely to be defensible in an otherwise high-performing trainee.

All further recommendations to Psychiatry ARCP guidance must be through consensus UK wide via Heads of Schools meeting at RCPsych and ratified by ETC (Education and Training Committee)

This working party has provided an excellent and timely opportunity to standardize ARCP practice throughout the UK. Further deviations from standard practice are to be discouraged. Improvement and innovation in practice is strongly encouraged but any further changes to this Psychiatry ARCP guidance must be through consensus of Heads of School following consultation with the Psychiatric Trainees' Committee and ratified by ETC.

The Gold Guide is the definitive document re ARCP guidance the latest edition of which must always be referred to re ARCP processes.

Section 3: Clarity

A webpage should be developed to sit within the current RCPsych training section where all guidance relating to ARCP process can be easily found.

RCPsych Website

A website page will be created in the training section of the RCPsych website. This will provide clarity and information for trainees and trainers on the ARCP process that is easy to navigate and contains the requirements as detailed above.

Heads of School should be asked to sign up to the above recommendations to ensure consistency across the UK and dissemination of agreed practice via local education networks.

Schools of Psychiatry

Heads of School will be asked to agree to the guidelines and requirements detailed above. Heads of School will also be expected not to implement modified ARCP requirements before being ratified through ETC. Changes to the psychiatry ARCP guidance must only occur once per annum in line with academic year and must be communicated prior to start of new placements for trainees and their supervisors.

Members of Working Group

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