**Appendix 3:**  
**ARCP Outcome Forms**

**Specialty Annual Review of Competence Progression (ARCP) – Outcome Form**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Trainee forename: | | Trainee surname: | | | GMC No: |
| Date of Review: | | Completion of training date: | | | |
| Programme Specialty:  Being assessed 🞎 | | | | Dual/Sub-specialty:  Being assessed 🞎 | |
| NTN/DRN: | | | | GMC Trg Prog Approval No: | |
| **List all panel members** | 1. | | | 2. | |
| 3. | | | 4. | |
| 5. | | | 6. | |
| 7. | | | 8. | |
| 9. | | | 10. | |
| Period covered from: | | | Period covered to: | | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **No. of days of Time out of Training since last review/commencing programme (from Form R Part B):** | | | | | | | | | |
| Grade being assessed (Please circle)  ST1 ST2 ST3 ST4 ST5 ST6 ST7 ST8 | | | | Additional grade assessed information (Please tick)  LAT 🞎 FTSTA 🞎 ACF 🞎 ACL 🞎 | | | | | |
| **Approved clinical training gained during the period to be reviewed** | | | | | | | | | |
| Placement/Post/Experience | | From: | | To: | In / Out of Programme | | FT / PT as % FT | | |
| 1. | |  | |  |  | |  | | |
| 2. | |  | |  |  | |  | | |
| 3. | |  | |  |  | |  | | |
| **Documentation taken into account and known to the trainee** | | | | | | | | | |
| 1. Structured Report | 🞎 | | 2. | | | | | | 🞎 |
| 3. | 🞎 | | 4. | | | | | | 🞎 |
| 5. | 🞎 | | 6. | | | | | | 🞎 |
| **Recommended Outcomes from Review Panel** *(please tick relevant choice using boxes on right-hand side)* | | | | | | | | | |
| ***Satisfactory Progress*** | | | | | | | |  | |
| 1. Achieving progress and competences at the expected rate | | | | | | | | 🞎 1 | |
| ***Unsatisfactory progress. If you recommend one of these outcomes, you must provide reasons ("U" codes) why.***  *(Details must be provided on supplementary sheet overleaf. The panel must also meet with the trainee.)* | | | | | | | |  | |
| 1. Development of specific competences required – additional training time not required (PROVIDE REASONS OVERLEAF) | | | | | | | | 🞎 2 | |
| 1. Inadequate progress by the trainee – additional training time required (PROVIDE REASONS OVERLEAF) | | | | | | | | 🞎 3 | |
| 1. Released from training programme with or without specified competences (PROVIDE REASONS OVERLEAF) | | | | | | | | 🞎 4 | |
| ***Insufficient evidence*** *(Details provided on supplementary sheet overleaf.)*   1. Incomplete evidence presented – additional training time may be required (PROVIDE REASONS OVERLEAF– No U code) | | | | | | | | 🞎 5 | |
| ***Recommendation for completion of the training programme (core or higher)*** | | | | | | | |  | |
| 1. Gained all required competences for the programme | | | | | | | | 🞎 6 | |
| ***Outcomes for trainees out of programme or not in run-through training*** | | | | | | | |  | |
| **7.1** Satisfactory progress in or completion of the LAT / FTSTA placement | | | | | | | | 🞎 7.1 | |
| **7.2** Development of specific competences required – additional training time not required (PROVIDE REASONS OVERLEAF) | | | | | | | | 🞎 7.2 | |
| **7.3** Inadequate progress by the trainee – additional training time (PROVIDE REASONS OVERLEAF) | | | | | | | | 🞎 7.3 | |
| **7.4** Incomplete evidence presented – LAT / FTSTA placement | | | | | | | | 🞎 7.4 | |
| **8**. Out of programme:  **OOPE** (Experience): 🞎 **OOPR** (Research): 🞎 **OOPC** (Career break): 🞎  Note: OOPT must have outcome 1–5; not outcome 8. | | | | | | Months counted towards training: | |  | |
| 1. Top-up training | | | | | | | | 🞎 9 | |
| Derogation to GG8 in response to Covid-19 pandemic  **10.1** Progress is satisfactory but the acquisition of competencies/capabilities by the trainee has been delayed by COVID-19 disruption. The trainee is not at a critical progression point in their programme and can progress to the next stage of their training. Any additional training time will be reviewed at the next ARCP.  **10.2** Progress is satisfactory but the acquisition of competences/capabilities by the trainee has been delayed by COVID-19 disruption. The trainee is at a critical progression point in their programme and additional training time is required. | | | | | | | | 🞎  🞎 | |
| Grade/level at next rotation:  ST1 ST2 ST3 ST4 ST5 ST6 ST7 ST8 | | | | | | | | | |
| **Academic Progression (if applicable):**  Continue academic component: 🞎 Do not continue academic component: 🞎  Academic component completed: 🞎 | | | | | | | | | |

**Supplementary documentation for ARCP Outcome Form**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Trainee Name:** | | | **GMC No:** | | | **Outcome recommended:** | | |
| **Detailed reasons for recommended outcome:** (standard items on supplementary sheet following panel review) | | | | | | | | |
| 1. | | | | | | | | |
| 2. | | | | | | | | |
| 3. | | | | | | | | |
| 4. | | | | | | | | |
| **Discussion with trainee** | | | | | | | | |
| **Mitigating circumstances** | | | | | | | | |
| **Competences which need to be developed** | | | | | | | | |
| **Recommended actions** | | | | | | | | |
| **Recommended additional training time (if required)** | | | | | | | | |
| **Revalidation:** (Information is available in the trainee’s Enhanced Form R, in the employer’s Exit Report (and the Exception Exit Report when there is a concern) and in the Clinical Supervisor Report and Education Supervisor report) | | | | | | | | |
| **Documentation considered:** | Exit Report: 🞎 Exception report: 🞎 Form R Part B: 🞎 Supervisors’ Reports: 🞎  Other: | | | | | | | |
| **Are there any current known unresolved causes of concerns?** | | | | Yes: 🞎 | | | No: 🞎 | |
| **Revalidation**: If concerns are noted above, provide a brief summary: | | | | | | | | |
| ***Date of next Review:*** | |  | ***Completion of  training date  (if changed from page 1):*** | | | | |  |
| ***Chair of panel signature:*** | |  | | | ***Date:*** | | |  |
| ***Trainee signature:*** | |  | | | ***Date:*** | | |  |
| ***Postgraduate Dean signature:*** | |  | | | ***Date:*** | | |  |
| These documents should be forwarded in triplicate to the trainee’s Training Programme Director (who must ensure that the trainee receives a copy through further appraisal and planning process). Where concerns are raised, a copy must also be sent to the Director of Medical Education where the trainee works for information and to support revalidation processes as well as to the College or Faculty. This information will also be submitted to the GMC electronically as part of the Deanery/LETB’s annual report to the GMC through the ARCP/RITA survey.  By signing the form, the trainee is indicating that they understand and agree that the information will be shared with other parties involved in their training as outlined above. The ARCP Outcome form is the UK-wide agreed method for transferring information pertaining to a revalidation of a doctor in training to another Responsible Officer. Your Responsible Officer may also transfer additional information to another Responsible Officer.  The trainee signature on the form indicates that they understand the recommendations arising from the review. It does not imply they accept or agree with them and they can have the recommendation reviewed as well as the right of appeal for outcomes 3, 4 and 7.3 as delineated in Gold Guide Section 5. | | | | | | | | |

**Supplementary information required for GMC Annual ARCP Report**

**Completed by Review Panel for Trainees who had an Unsatisfactory Review Outcome**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Trainee Name:** | | | | **GMC No:** | **Outcome recommended:** |
| **Code** |  | **Reason for unsatisfactory outcomes** | **Explanatory Notes** | | |
| U1 | 🞎 | Record Keeping and Evidence | Trainee failed to satisfactorily maintain their Royal College/Faculty E-Portfolio including completing the recommended number of Work Place Based Reviews; Audits; Research; structured Educational Supervisors report; in accordance with recommendations for that particular Year of Training in line with the Royal College/Faculty curriculum requirements. | | |
| U2 | 🞎 | Inadequate Experience | Training post(s) did not provide the appropriate experience for the year of training being assessed in order to progress. As a result the trainee was unable to satisfy the Royal College/Faculty curriculum requirements for the year of training. | | |
| U3 | 🞎 | No Engagement with Supervisor | Trainee failed to engage with the assigned Educational Supervisor or the training curriculum in accordance with the Royal College/Faculty requirements for that particular year. | | |
| U4 | 🞎 | Trainer Absence | Nominated Educational Supervisor or Trainer did not provide the appropriate training and support to the Trainee because of their absence on a sabbatical; through illness or other reasons; and no nominated ESupvr deputy took over to ensure that an appropriate level of training was maintained. As a result the trainee was unable to satisfy the Royal College/Faculty curriculum requirements for the year of training. | | |
| U5 | 🞎 | Single Exam Failure | Trainee failed to satisfy the respective Royal College/Faculty examination requirements to progress to the next year of training. | | |
| U6 | 🞎 | Continual Exam Failure | Trainee failed to pass the respective Royal College/Faculty examination within the allowable number of examination attempts following a number of re-sits and is therefore unable to progress any further in this Specialty. | | |
| U7 | 🞎 | Trainee requires Deanery Support | Trainee has issues to do with their Professional personal skills for example: - behaviour / conduct / attitude / confidence / time keeping / communications skills etc. and requires the support of the Deanery Performance Team. | | |
| U8 | 🞎 | Other reason (please specify) |  | | |

**Additional information required for GMC Annual ARCP Report**

**Recorded by Deanery on the Deanery Database for Trainees who did not have a Review**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Trainee Name:** | | | | **GMC No:** |
| **Code** |  | **Reason for no ARCP during the Year:** | **Explanatory Notes** | |
| N1 | 🞎 | Trainee sick leave | Trainee on long term sickness or other health issues have impacted on ability to complete the year of training being reviewed | |
| N2 | 🞎 | Trainee maternity/ paternity leave | Trainee cannot be reviewed whilst on maternity leave | |
| N3 | 🞎 | Trainee not in post long enough | Too soon to complete a meaningful Annual Review within the ARCP/RITA reporting period | |
| N4 | 🞎 | Trainee fell outside annual reporting period | Annual GMC reporting period is 01 Aug 20xx to 31 July 20xx but trainee was not reviewed during these 12 months | |
| N5 | 🞎 | Trainee post CCT | Trainee already completed CCT and now in period of grace | |
| N6 | 🞎 | Trainee missed review | Trainee did not attend the Review, i.e. analysis from Deaneries is that where a review panel was not arranged until July at end of reporting year and trainee could not attend; for last minute family reasons, transport problems etc. Panel had to be rearranged in early August but outside of GMC reporting period. | |
| N7 | 🞎 | Trainee inter deanery transfer | Trainee left the programme early to take up a post in another Deanery | |
| N8 | 🞎 | Trainee reviewed in other Deanery | Trainee working in another Deanery who completed ARCP | |
| N9 | 🞎 | Trainee contract termination | Trainee left and had their NTN/DRN removed due to lack of progression without achieving competencies to a satisfactory level | |
| N10 | 🞎 | Trainee gross misconduct | Trainee currently suspended from training either as a result of GMC Suspension or local Trust or other local disciplinary proceedings | |
| N11 | 🞎 | Trainee suspension | Trainee suspended for reasons other than gross misconduct | |
| N13 | 🞎 | Other reason (please specify) |  | |
| N21 | 🞎 | Resignation – without training issues | Resignation; no remedial training undertaken or offered | |
| N22 | 🞎 | Resignation – with training issues | Resignation received; trainee would have been offered or trainee undertook remedial training | |

**APPENDIX 3: Foundation F1 & F2 ARCP Forms**

|  |  |
| --- | --- |
| Foundation doctor**:** | GMC No: |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Foundation training:** | | |  |  |  |  |
|  | **Specialty** | **Clinical Supervisor** | **LEP** | **Date from** (dd/mm/yy) | **Date to** (dd/mm/yy) | **FT/PT as %**  **FT** |
| 1 |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Names of the foundation ARCP Panel members** *(FTPD/T and two others)* | 1. | |
| 2. | |
| 3. | |
| Other(s): | |
| Date of Review: |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Evidence considered (please list as many as appropriate)** | | |  |
| Educational supervisor’s end of year report |  | *(Please specify)* |  |
| E-portfolio |  | *(Please specify)* |  |
| *(Please specify)* |  | *(Please specify)* |  |

**F1 ARCP outcome form**

|  |  |
| --- | --- |
| **F1 ARCP review panel outcome (please select only one):** |  |
| **Recommended for sign off** |  |
| Outcome 1: Satisfactory completion of F1 |  |
| **Not recommended for sign off** |  |
| Outcome 3. Inadequate progress – additional training time required |  |
| Outcome 4. Released from training programme |  |
| Outcome 5. Incomplete evidence presented – additional training time may be required |  |
| **No ARCP review/outcome** |  |
| Outcome 8. Time out of Foundation Programme (up to 12 month career break/research) |  |
| Other *(e.g. working LTFT, on sick leave, missed review etc.)* |  |

|  |
| --- |
| **Comments and recommended action(s):**  *(Include areas of excellence, areas for targeted training, level of supervision, any additional training time and the action plan etc.):* |
|  |

|  |  |
| --- | --- |
| **Transfer of information between F1 and F2 (please select only one):** |  |
| There are no known causes of concern |  |
| There are causes of concern |  |
| Brief summary of concern: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Signed by chair of panel (FTPD/T or deputy)** | |  |  |
| Name | Signature | Designation | Date |
| *Additional comments* | |  |  |
| **Signed by foundation doctor\*** | |  |  |
| Signature | |  | Date |

\* By signing the form, the foundation doctor acknowledges receipt of this information and understands the recommendations arising from the review. It does not imply that the doctor accepts or agrees with the panel’s decision. The foundation doctor may make an appeal as described in *Foundation Programme Reference Guide*.

**F2 ARCP outcome form**

|  |  |
| --- | --- |
| Foundation doctor**:** | GMC No: |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Foundation training** | | **:** |  |  |  |  |
|  | **Specialty** | **Clinical Supervisor** | **LEP** | **Date from** (dd/mm/yy) | **Date to** (dd/mm/yy) | **FT/PT as %**  **FT** |
| 1 |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Names of the foundation ARCP Panel members** *(FTPD/T and two others)* | 1. | |
| 2. | |
| 3. | |
| Other(s): | |
| Date of Review: |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Evidence considered (please list as many as appropriate)** | | |  |
| Educational supervisor’s end of year report |  | *(Please specify)* |  |
| E-portfolio |  | *(Please specify)* |  |
| *(Please specify)* |  | *(Please specify)* |  |

|  |  |
| --- | --- |
| **F2 ARCP review panel outcome (please select only one):** |  |
| **Recommended for sign off** |  |
| Outcome 6. Satisfactory completion of F2 - Recommendation for the award of the Foundation Achievement of Competence Document (FACD) |  |
| **Not recommended for sign off** |  |
| Outcome 3. Inadequate progress – additional training time required |  |
| Outcome 4. Released from training programme |  |
| Outcome 5. Incomplete evidence presented – additional training time may be required |  |
| **No ARCP review/outcome** |  |
| Outcome 8. Time out of Foundation Programme (up to 12 month career break/research) |  |
| Other *(e.g. working LTFT, on sick leave, missed review etc.)* |  |

**Revalidation:**

|  |  |
| --- | --- |
| There are no known causes of concern |  |
| There are causes of concern |  |
| Brief summary of concern: |  |

|  |
| --- |
| **Comments and recommended action(s):**  *(Include areas of excellence, areas for targeted training, level of supervision, any additional training time and the action plan etc.):* |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Signed by chair of panel (FTPD/T or deputy)** | |  |  |
| Name | Signature | Designation | Date |
| *Additional comments* | |  |  |
| **Signed by foundation doctor\*** | |  |  |
| Signature | |  | Date |

\* By signing the form, the foundation doctor acknowledges receipt of this information and understands the recommendations arising from the review. It does not imply that the doctor accepts or agrees with the panel’s decision. The foundation doctor may make an appeal as described in *Foundation Programme Reference Guide*.

If outcome 3, 4 or 5 chosen, this should drop down should be presented

|  |  |  |
| --- | --- | --- |
| **Reason** | **Explanatory Notes** | **GMC Code** |
| Record Keeping and Evidence | Trainee failed to satisfactorily maintain their Royal  College/Faculty/Foundation E-Portfolio including completing the recommended number of Work Placed Based Reviews;  Supervised Learning Events, Audits; Research; structured Education Supervisors report; in accordance with recommendations for that particular Year of Training in line with the Royal College/Faculty/Foundation curriculum requirements. | U1 |
| Inadequate Experience | Training post (s) did not provide the appropriate experience for the year of training being assessed in order to progress. As a result the trainee was unable to satisfy the Royal  College/Faculty/Foundation curriculum requirements for the year of training. | U2 |
| No Engagement with Supervisor | Trainee failed to engage with the assigned Educational  Supervisor or the training curriculum in accordance with the Royal College/Faculty/Foundation requirements for that particular year. | U3 |
| Trainer Absence | Nominated Educational Supervisor or Trainer did not provide the appropriate training and support to the Trainee because of their absence on a sabbatical; through illness or other reasons; and no nominated ESupvr deputy took over to ensure that an appropriate level of training was maintained. As a result the trainee was unable to satisfy the Royal  College/Faculty/Foundation curriculum requirements for the year of training. | U4 |
| Trainee requires Deanery Support | Trainee has issues to do with their Professional personal skills for example: - behaviour / conduct / attitude / confidence / time keeping / communications skills etc and requires the support of the Deanery Performance Team. | U7 |
| Other reason | This may include the trainee having failed:   to participate in systems of quality assurances and quality improvement projects | U8 |
| Inadequate attendance | Trainee exceeded the maximum permitted absence of 4 weeks  from training (other than annual leave) and/or has unsatisfactory attendance at formal teaching sessions.  \*This code should NOT be used to describe a less than fulltime (LTFT) foundation doctors who has satisfactorily attended their pro-rata FP/formal teaching sessions. | U9 |
| Assessment / Curriculum outcomes not achieved | Trainee has failed to meet the outcomes of the FP Curriculum and/or pass the assessments required for satisfactory completion of F1/F2. Formal assessments include:   * Core procedures for F1 * TAB * Clinical supervisor end of placement reports * Educational supervisor end of placement reports; and  Educational supervisor’s end of year reports. | U10 |

If ‘Other’ is chosen, this should drop down should be presented:

|  |  |  |
| --- | --- | --- |
| **Reason** | **Explanatory Notes** | **GMC**  **Code** |
| **Less than full time (LTFT) – no concern** | Achieving progress and the development of outcomes at the expected rate. | N14 |
| **Less than full time (LTFT) – some concern** | May not be achieving progress or development of outcomes at the expected rate. | N15 |
| **Trainee Sick Leave** | Trainee on long term sickness or other health issues have impacted on ability to complete the year of training being reviewed. | N1 |
| **Trainee Maternity/ Paternity Leave** | Trainee cannot be reviewed whilst on maternity leave | N2 |
| **Trainee Missed Review** | Trainee did not attend the Review when required. I.e. Analysis from Deaneries is that where a review panel was not arranged until July at end of reporting year and trainee could not attend; for last minute family reasons, transport problems etc. Panel had to be rearranged in early August but outside of GMC reporting period. | N6 |
| **Trainee on suspension for Gross**  **Misconduct** | Trainee currently suspended from training either as a result of GMC Suspension or local Trust or other local disciplinary proceedings due to gross misconduct. | N10 |
| **Trainee on suspension - other reason** | Trainee currently suspended for reasons other than gross misconduct. | N11 |
| **Trainee**  **Resignation** | The trainee has left the training programme prior to its completion.  Please specify if:   * no remedial training prior to resignation * received remedial training prior to resignation | \*  N12    N21  N22 |
| **Trainee dismissed** | The trainee was dismissed prior to programme completion. Please specify if   * Dismissed: no remedial training undertaken * Dismissed following remedial training Also whether: * Dismissed: no GMC referral * Dismissed following GMC referral | \*  N16    N17  N18    N19  N20 |
| **Other reason** | (Please specify) | N13 |

## ATTAINMENT OF

**FOUNDATION YEAR 1 (F1) COMPETENCE**

**(***DOCTOR’S NAME***)**

*GMC number:*

*Foundation school:*

Medical School

***undertook the following F1 training:***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Specialty** | **Clinical Supervisor** | **Local Education Provider** | **Date from** (dd/mm/yy) | **Date to**  (dd/mm/yy  ) |
| 1 |  |  |  |  |  |

I confirm that the above named foundation doctor **HAS** met the requirements for satisfactory completion of foundation year 1 as laid down by the General Medical Council, the *Foundation Programme Curriculum* and the *Foundation Programme* *Reference Guide*.

Signature: Name:

Designation: Foundation school director Date:

## FOUNDATION PROGRAMME CERTIFICATE OF COMPLETION (FPCC)

**(***DOCTOR’S NAME***)**

*GMC number:*

*Foundation school:*

Medical School

***undertook the following Foundation Year 2 training***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Specialty** | **Clinical Supervisor** | **Local**  **Education**  **Provider** | **UK**  **APS\*** | | **Date from** (dd/mm/yy) | **Date to** (dd/mm/yy) |
| 1 |  |  |  | Y | N |  |  |

\* UK APS = Approved practice setting in the United Kingdom. UK APS is an organisation approved by the GMC as suitable for doctors new to full registration or returning to the medical register after prolonged absence from UK practice. See GMC for more details.

I confirm that the above-named foundation doctor **HAS** met the requirements for satisfactory completion of the Foundation Programme as laid down by the General Medical Council, the *Foundation Programme Curriculum* and the *Foundation Programme Reference Guide*.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name:

Designation: Postgraduate Dean /other authorised signatory Date