**Stakeholder Report Form  
EoE Primary Care School Board Meeting**

| Programme / Workstream Name: | Assessment | | |
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| Programme Lead: | Jonathan Rouse | | |
| PCS School Strategy Objective: | Learner Support | | |
| Period of Update: | April to October 2024 | RAG Status for project: | Amber |
| Programme / Workstream Summary | | | |
| Strategic oversight of assessment processes and policies for GP trainees | | | |
| Key Highlights | | | |
| Successful summer ARCP panels with far fewer queries surrounding time out of training than anticipated.  Developed new policy for bringing forward CCT date which may be used nationally.  RCGP quality monitoring of ARCP panels in the summer with positive feedback. | | | |
| Decisions made since last update | | | |
| Introduced bringing forward CCT date policy as above. | | | |
| KPIs | | Financial Performance | |
| Ensuring consistency in ARCP panels.  Keeping outcome 5 rates low. | | Not applicable | |
| Operational Updates | | Progress on previous goals | |
| None | | Developed policies for TOOT management over the summer. | |
| Risk Assessment Overview: *(Issues, Risks, Concerns, Barriers etc)* | | Governance and Compliance | |
| Changes within the central admin teams due to NHS restructuring have had an impact on central ARCP processes. These are starting to be addressed now that the main restructuring has taken place. | | Had RCGP quality visit over the summer months. | |
| Stakeholder engagement | | | |
| Lay reps invited to attend all central ARCP panels. | | | |
| Future Outlook (Upcoming priorities, initiatives, or areas of focus) | | | |
| Work started on assessing capability. Guidance needs to be developed further. Masterclass planned. Presented already at educator and TPD development days.  Present policy on bringing forward CCT dates to DARG.  Streamlining central ARCP panels so that all available information is present in a timely fashion. | | | |
| Conclusion | | | |
| Despite the challenges of the NHS restructure ARCP processes have continued and this has had minimal impact on the trainees. | | | |