

GUIDANCE

Specialty Annual Review of Competence Progression (ARCP) - Outcome Form

Trainee forename: Mandatory		Trainee surname: Mandatory		GMC No: Mandatory	
Programme End Date (prior to review): Mandatory					
Programme Specialty: Mandatory Please tick if applicable Being assessed <input type="checkbox"/>			Sub-specialty: Mandatory if applicable Please tick if applicable Being assessed <input type="checkbox"/>		
NTN/DRN:			GMC Trg Prog Approval No:		
Members of the Panel & appt (Lay, TPD, External, Academic etc)	1. Mandatory		4.		
	2.		5.		
	3.		6.		
Date of Review: Mandatory					
Period covered from: Mandatory			To: Mandatory		
No. of days of Time out of Training since last review (from Form R Part B): Mandatory					
Level of Training: 1 2 3 4 5 6 7 8 Mandatory		Grade: ACF / ACL / CL / CT / ST Mandatory		LAT <input type="checkbox"/> FTSTA <input type="checkbox"/> Mandatory if applicable	
Approved clinical training gained during the period to be reviewed					
Placement/Post/Experience		From:	To:	In / Out of Programme	FT / PT as % FT
1. Mandatory					
2.					
3.					
Documentation taken into account and known to the trainee					
1. Structured Report		<input type="checkbox"/>	2.		<input type="checkbox"/>
3.		<input type="checkbox"/>	4.		<input type="checkbox"/>
5.		<input type="checkbox"/>	6.		<input type="checkbox"/>
Recommended Outcomes from Review Panel Mandatory, Please tick one of the following boxes					
Satisfactory Progress					
1. Achieving progress and competences at the expected rate					<input type="checkbox"/> 1
Unsatisfactory evidence (Details provided on supplementary sheet overleaf. The panel will also meet with the trainee.) If you recommend one of the denoted outcomes, you must provide reasons ("U" codes) why.					
2. Development of specific competences required – additional training time not required (PROVIDE REASONS OVERLEAF)					<input type="checkbox"/> 2
3. Inadequate progress by the trainee – additional training time required (PROVIDE REASONS OVERLEAF)					<input type="checkbox"/> 3
4. Released from training programme with or without specified competences (PROVIDE REASONS OVERLEAF)					<input type="checkbox"/> 4
Insufficient evidence (Details provided on supplementary sheet overleaf.)					
5. Incomplete evidence presented – additional training time may be required (PROVIDE REASONS OVERLEAF– No U code)					<input type="checkbox"/> 5
Recommendation for completion of the training programme (core or higher)					
6. Gained all required competences for the programme					<input type="checkbox"/> 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.					<input type="checkbox"/> 7.1
7.2 Development of Specific Competences Required – additional training time not required (PROVIDE REASONS OVERLEAF)					<input type="checkbox"/> 7.2
7.3 Inadequate progress by the trainee – additional training time (PROVIDE REASONS OVERLEAF)					<input type="checkbox"/> 7.3
7.4 Incomplete Evidence Presented - LAT / FTSTA placement.					<input type="checkbox"/> 7.4
8. Out of programme: OOPE (Experience): <input type="checkbox"/> OOPR (Research): <input type="checkbox"/> OOPC (Career break): <input type="checkbox"/>					
Note: OOPT must have an annual review and would therefore be reviewed under outcome 1- 5; not outcome 8					
9. Top-up training					<input type="checkbox"/> 9
Grade/level at next rotation: Mandatory					
Trainee due to remain on academic programme? Yes <input type="checkbox"/> No <input type="checkbox"/> Mandatory if applicable					

Supplementary documentation for ARCP Outcome Form

Trainee Name: Mandatory			
Outcome Recommended	Mandatory		
National Training Number or DRN		GMC: Mandatory	
Detailed reasons for recommended outcome: (standard items on supplementary sheet following panel review) <ol style="list-style-type: none"> Mandatory if applicable 			
<u>Discussion with trainee</u> Mitigating circumstances Mandatory if applicable Competences which need to be developed Mandatory if applicable Recommended actions Mandatory if applicable Recommended additional training time (if required) Mandatory if applicable			
Revalidation: (Information is available in the trainee's Enhanced Form R, in the employer's Collective Exit Report (and the Exception Exit Report when there is a concern) and in the Clinical Supervisor Report and Education Supervisor report). Mandatory, Please tick one of the following boxes			
Revalidation:	There are no known causes of concern	<input type="checkbox"/>	There are causes of concern: <input type="checkbox"/>
Revalidation: If concerns are noted above, provide a brief summary: <ol style="list-style-type: none"> If you have ticked that there are causes for concern, you must provide a brief summary. If I trainee has been flagged up by your Assessment Administrator, you must provide a brief summary to confirm that you have reviewed the evidence provided even if you have ticked that there are no known causes for concern!! 			
<i>Date of next Review:</i>	Mandatory if applicable	<i>Recommended CCT / Programme End Date (if changed from page 1)</i>	Mandatory
<i>Chair of panel signature:</i>	Mandatory	<i>Date:</i>	Mandatory
<i>Trainee signature:</i>	Mandatory	<i>Date</i>	Mandatory
<i>Postgraduate Dean Signature:</i>		<i>Date</i>	
<p>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.</p> <p>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.</p> <p>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 as delineated in Gold Guide Section 7.</p>			