

# Who's afraid of ARCPs ?

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**Autumn 2025**

# Why afraid ?

- **Residents – afraid of failing ?**
- **Panels – afraid to fail ?**

# **This workshop...**

- **Review principles of ARCPs**
- **Consider where / how they go wrong**
- **Learn from best practice**

# An example...

A specialty trainee is due their ARCP

- Their portfolio is “thin” with some but limited evidence
- They have some slightly negative comments in their MSF
- They’ve received a patient complaint

## What might the trainee be feeling ?

# Enhancing training and the support for learners

Health Education England's review of competence progression  
for healthcare professionals



Developing people  
for health and  
healthcare

[www.hee.nhs.uk](http://www.hee.nhs.uk)



## Issues

- Clarity
- Consistency
- Integration
- Communication
- Flexibility and support



# Why ARCPs ?

- **Patient safety**
- **Revalidation**
- **To make a decision about progressing through training**

# Why training ?

**The purpose of being in a training programme is to complete the training programme**

1.15 The primary purpose of entry into training is to be able to progress towards and achieve either completion of a foundation programme (and obtain a Foundation Programme Certificate of Completion) or core training or obtain a Certificate of Completion of Training or equivalent.



# Postgraduate doctors in training

In general:

- Highly intelligent
- Have successfully passed multiple stages and selections
- Have chosen a specific care path within medicine
- Are keen to succeed
- Are not immune from mental health challenges
- Are in a highly stressful job
- Have an identity that is closely linked to work and achievement

# **Need to consider...**

- **Patient safety**
- **Supporting trainees' progression**
- **Trainees' wellbeing**

**ARCPs do not exist in isolation**

**There's always a context**

# ARCPs - timing

Training year



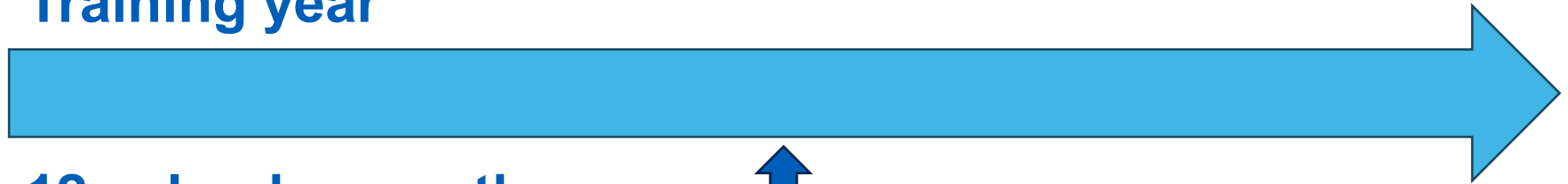
12 calendar months



ARCP

# ARCPs - timing

Training year



12 calendar months



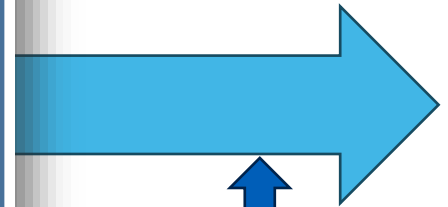
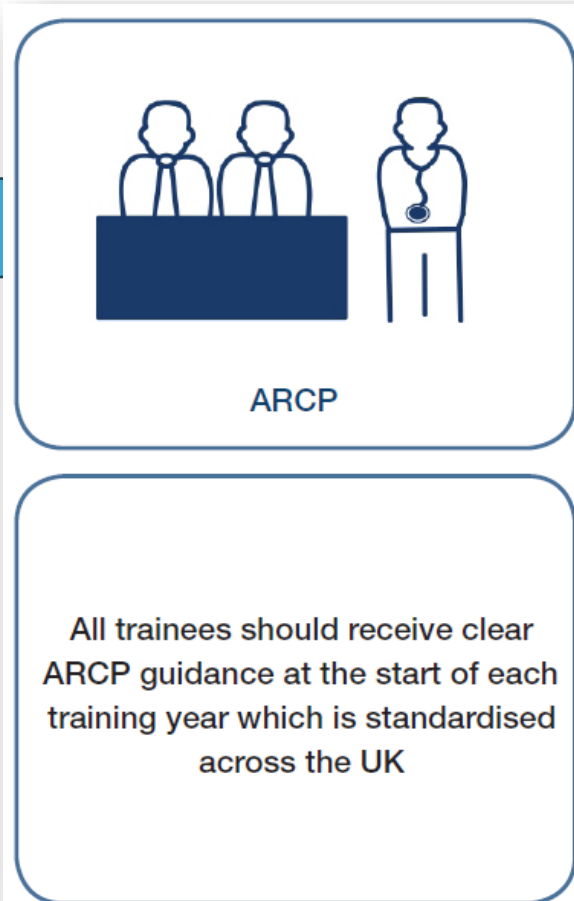
ARCP

# ARCPs - timing

Training year



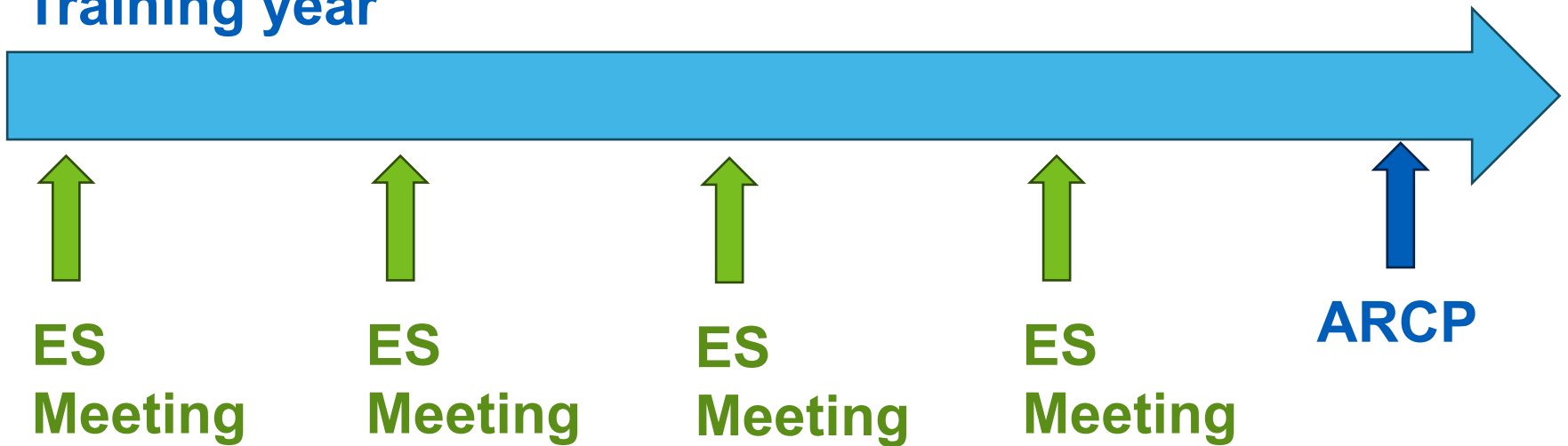
ES  
Meeting



ARCP

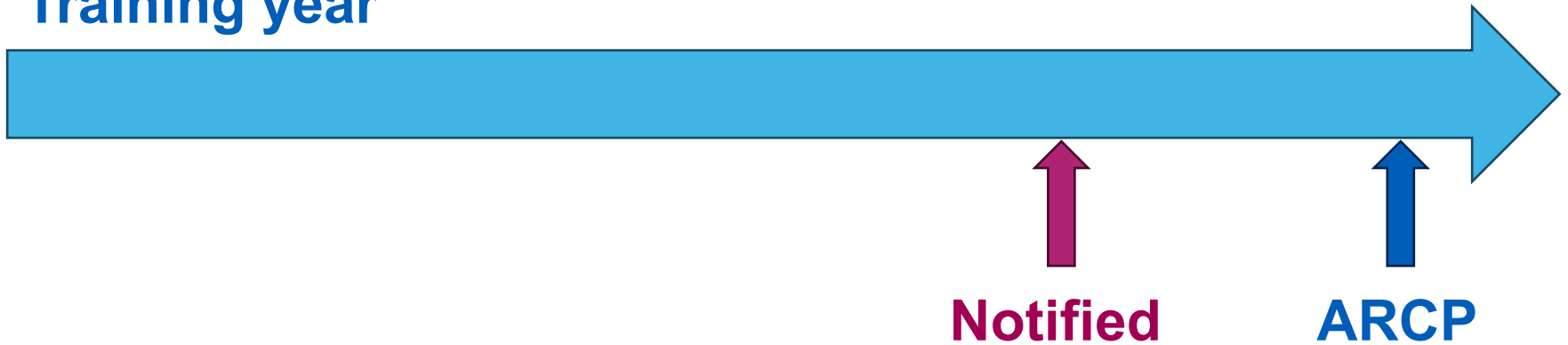
# ARCPs - timing

Training year



# ARCPs - timing

Training year





# ARCPs - timing

Training year



# An example...

**A specialty trainee is due their ARCP**

- **Their portfolio is “thin” with some but limited evidence**
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- **They’ve received a patient complaint**

# Five Stages of Grief



# Back to the example...

**A specialty trainee is due their ARCP**

- **Their portfolio is “thin” with some but limited evidence**
- **They have some slightly negative comments in their MSF**
- **They’ve received a patient complaint**

# You know...

- Where they are working has received consistently poor results on the GMC NTS
- There are considerable workload pressures
- 2 trainees recently left, one on sick leave and one changed specialty

## How does this change things ?

**ARCPs do not exist in isolation**

**There's always a context**

# The panel...



# Who makes up the panel ?

- Chair (TPD...)
- 2 other panellists (or not quorate)
- Lay rep
- External rep
- Academic rep
- Dean's rep
- Admin support



**Watch out for conflicts of interest...**

# Evidence

**What's required ?**

**Content:**

- **WPBAs**
- **Other portfolio entries (reflection)**
- **Form R**
  
- **Supervisor reports (CS / ES)**

# Form R

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

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

# Evidence

**Evidence that can cause problems ?**

- **Evidence from only part of the year**
- **Concerns not documented in the portfolio**
- **Informal sources of information**
- **information not shared**

**Trainees should be aware of possible outcomes...**



# Outcomes

# ARCP outcomes

Outcome numbers

Confirmation of CCT date

Revalidation review

Outcome form and feedback / support

Lay / External rep feedback about the panel

Educational Supervisor Feedback

# The ARCP outcomes

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
8	Out of programme – OOPE / OOPR / OOPC
10	<i>Previously - Covid related training delay</i>
U Codes	For an Unsatisfactory outcome
N Codes	For a Non-assessment
C Codes	For Outcome 10s

# The ARCP outcomes - 5

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

U Codes	For an Unsatisfactory outcome
N Codes	For a Non-assessment



# Adverse ?

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

U Codes	For an Unsatisfactory outcome
N Codes	For a Non-assessment

# Why training ?

**The purpose of being in a training programme is to complete the training programme**

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# Time in training

# CCT date

Time in training  
(WTE)

Dual training

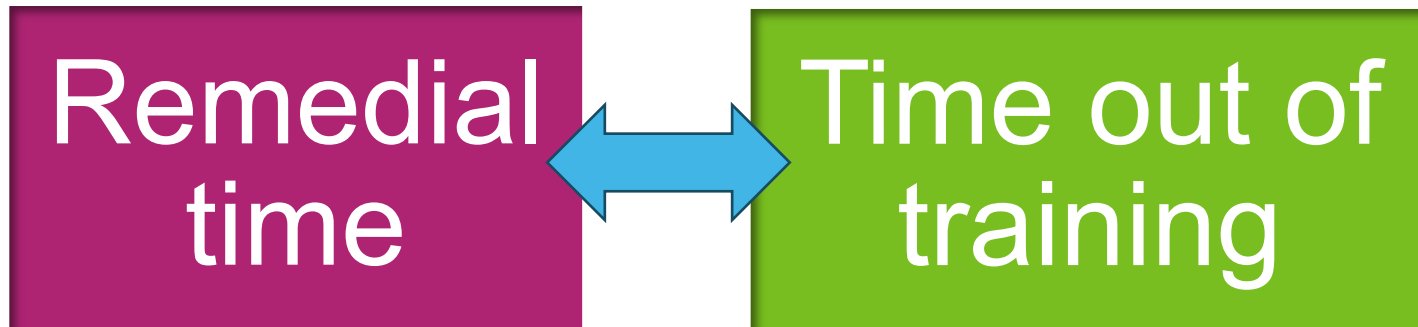
Remedial time

Time out of  
training

Accelerated  
training

Other (unusual)  
circumstances,  
eg training  
opportunities

# Time and outcome number



# Outcome 3 – extra time

How much extra time?



### Duration of extension to training

Programme	Extension to training time	Exceptional additional training time <sup>1</sup>	Total
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

Foundation training	As in paragraph 4.105, normally limited to 1 year	Not normally extended owing to short duration of programme	1 year
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Note:

## Process for exceptional time

### Request for consideration of exceptional additional time



<b>Trainee Name</b>		
<b>GMC Number</b>		
<b>Programme</b>		
<b>Year of training</b>	CT / ST ...	
<b>Request made by</b> <i>(Patch Assoc Dean/HoS/TPD)</i>		
<b>Date of submission</b>		
<b>Total time in training (in FTE months)</b>		
<b>Previous additional training time</b>		
<b>Exam attempts (if relevant)</b> <i>(Dates, Scores, Cut-off mark)</i>		
<b>Summary of ESR / Portfolio</b> <i>(List any concerns/issues)</i>		
<b>Mitigating factors affecting training</b> <i>(Please state why is this exceptional, with the date of these factors being identified and actions taken to address these)</i>		
<b>Educational plan</b> <i>(Please set out if there is a realistic prospect of trainee qualifying, who has made this judgement and what is the plan to ensure this within exceptional time if granted)</i>		
<b>Proposed duration of exceptional additional extension time</b>		
<b>Any other factors / issues to raise</b>		
<b>Postgraduate Dean decision</b>	<b>Date</b>	



# ARCPs and Employment

## ARCPs

Training progression

Revalidation

Timeline for training

## Employment

T&C

Sickness management

Capability processes

# Outcome form

- 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 PSW availability
- Comment on any particular positives
- Updated CCT date (and grade at next rotation), next ARCP date

**After the ARCP...**

# After the ARCP

Note – might need to start planning before the ARCP

- **Speaking with the trainee**
- **Release of Outcome form**
- **Resolving Outcome 5s**
- **Arranging appropriate support for the trainee**
- **Planning next rotation**

# Need to consider...



**Patient safety**



**Supporting trainees' progression**



**Trainees' wellbeing**

# The ARCP outcomes - Appeals

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

U Codes	For an Unsatisfactory outcome
N Codes	For a Non-assessment

# An example...

**A specialty trainee is due their ARCP**

- **Their portfolio is “thin” with some but limited evidence**
- **They have some slightly negative comments in their MSF**
- **They’ve received a patient complaint**

**You were aware of potential training issues in the placement**

# An example...

## The trainee appeals...

- They were unable to collect evidence as the consultants never returned their forms
- They say the evidence they have got contains many positive pieces of evidence
- They say that there were many negative comments from the moment they arrived about them being not suited to the specialty
- The complaint was investigated and they've now reflected



**ARCPs do not exist in isolation**

**There's always a context**

# What this means...

- We want high quality, supportive training
- ARCPs should be part of this
- “Adverse” ARCP outcomes should be seen as supportive
- As such, reflect a commitment by the programme
- Neither trainees or trainers should be afraid of them !

**Questions or Comments ?**

**Difficult situations ?**

# Scenarios

A trainee hasn't yet passed the required exams for core training, but hasn't yet had an extension.

They are having their “final” ARCP but have told you they don't intend to sit the exam within the next 6 months...

# Scenarios

A trainee is coming up to their ARCP and has resigned from the programme (from just after the ARCP).

What does the panel need to consider / do ?

# Scenarios

A trainee has been out of work due to sickness for 18 months and are listed for an ARCP.

They don't have anything in their portfolio and have been poor at keeping in touch.

You know the Trust have started their sickness / capability processes and are looking to dismiss...