

ARCP Frequently Asked Questions for speciality training

What is an ARCP?

The Annual Review of Competency Progression (ARCP) process is the means by which doctors in training are reviewed each year to ensure that they are offering safe, quality patient care, and to assess their progression against standards set down in the curriculum for their training programme.

It is also the process through which their full scope of work review is undertaken to satisfy revalidation requirements.

The animation linked below provides a short and simple guide for trainees and trainers to how the ARCP process should take place in England. It also outlines what it does, and does not cover, and how to get additional support.

[ARCP Animation](#)

Pre-ARCP Panel

1. How much notice will I be given for my ARCP?

Trainees will be notified by their HEE local office team of the date that their panel is scheduled to take place.

The agreed six weeks for notifying trainees of the ARCPs will be followed wherever possible, but there may be instances where this may not be the case. Please contact your HEE local office if you have any specific questions related to the timeline of your ARCP.

2. How will my ARCP be held?

Assessors will not be required to travel and virtual panels for the ARCP process using videoconferencing, telephone or similar will be utilised. As with previous years all ARCP outcomes must be decided with trainees in absentia.

3. Where can I find the up to date information regarding my ARCP?

National guidance and principles on ARCPs, programme extensions and appeals can be found [here](#).

For specific information on the date of your ARCP and of the date by which you are required to have uploaded evidence to their e-portfolio contact your local office.

4. Who oversees my ARCP?

The ARCP is part of training Programme Management processes which is overseen by the Postgraduate Dean who has governance responsibility for postgraduate foundation and specialty training. There is an additional governance layer and quality management, with HEE Standard Operating Procedures (SOPs) setting out standards for delivery across HEE.

5. I have been redeployed more than my peers, will my ARCP requirements be adjusted for this?

When arriving at an Outcome, ARCP panels will take into account the impact of the COVID-19 pandemic, including a flexible approach to time-off due to illness or meeting isolation requirements, such as shielding.

As per the derogation from GG8:4.91, where the acquisition of required capabilities has been delayed solely due to the impact of COVID-19, trainees should be enabled to progress to the next stage of training.

Supplementary code C3 applies to deployed trainees who could not acquire required curriculum-related experience due to service changes/pressures from COVID19, e.g. trainee transferred to work in General (internal) Medicine or similar redeployment.

These trainees could be awarded a 10.1 or a 10.2 depending whether a trainees has been able to meet the specific curriculum requirements from their Medical Royal College.

Trainees are encouraged to use the self- declaration form to make a self-assessment of their progress and of any impediment to this caused by COVID-19. This will provide the ARCP panel with contemporary evidence to inform their decision.

6. I have not been able to complete all my competencies due to Covid. What happens now?

Each training programme will have critical progression points where a decision will need to be made about progression to the next stage of training. Where progress is dependent on specific competencies being met Medical Royal Colleges have considered carefully the criteria for progression at critical progression points in light of the current national emergency and have worked with the GMC to allow safe progression where possible. At this time trainees will be awarded one of the following outcomes:

- 10.1 indicates that a trainee has not been able to evidence all of their curriculum requirements due to COVID-19, but that they are able to progress to the next stage of training, and evidence these outstanding competencies at their next ARCP.

- 10.2 indicates that a trainee has not been able to evidence all their curriculum requirements due to COVID-19, and that they are not able to progress to the next stage of training until these competencies have been evidenced.

Information on specific curriculum requirements during the COVID-19 pandemic are available on the royal college websites (see Appendix A of ARCP supplementary guidance).

7. I have been shielding due to Covid, how will this affect my ARCP?

When arriving at an Outcome, ARCP panels will take into account the impact of the COVID-19 pandemic, including a flexible approach to time-off due to illness or meeting isolation requirements, such as shielding.

As per the derogation from GG8:4.91, where the acquisition of required capabilities has been delayed solely due to the impact of COVID-19, trainees should be enabled to progress to the next stage of training. In these instances, where a trainee receives an Outcome 10.1, it is expected that they will be able to achieve their outstanding competencies before their next ARCP, and that an extension to training will not therefore be necessary. The supplementary C4 code would also likely be applicable (“Prolonged self-isolation needed during COVID-19”).

8. Will I be given more time to achieve my competencies given Covid-19?

As per the derogation from GG8:4.91, where the acquisition of required capabilities has been delayed solely due to the impact of COVID-19, trainees should be enabled to progress to the next stage of training.

In these instances, where a trainee receives an Outcome 10.1, it is expected that they will be able to achieve their outstanding competencies before their next ARCP, and that an extension to training will not therefore be necessary. Furthermore, it is likely that some experience gained during COVID-19 deployment will be recognised as evidence of attaining curriculum competencies.

The Medical Royal Colleges have produced decision aids, outlining acceptable compensatory evidence for all medical specialty ARCPs and outlined the minimum evidence required to progress through critical progression points during COVID-19. Our aim is to reduce the number of ARCP 10.2 Outcomes to the greatest possible extent.

The Statutory Education Bodies and the Medical Royal Colleges will also provide opportunities for trainees with an Outcome 10.2 to evidence their competencies and progress to the next stage of training at the earliest possibility after the COVID-19 restrictions have lifted.

Together, these measures are intended to enable trainee progression, while protecting patient safety and safeguarding training capacity to enable recruitment to continue.

9. Can I ask to postpone my ARCP?

The ARCP Has two functions, one as an education/training progression assessment and two as the full scope of practice appraisal for the purposes of revalidation. There is a statutory requirement for the ARCP/appraisal to be completed within 15 months of the previous ARCP/appraisal and therefore whilst a request to postpone an ARCP might be considered it cannot be postponed beyond the 15-month limit. If there are reasons why the ARCP/appraisal cannot proceed it would have to be agreed prospectively by the Post Graduate Dean as Responsible Officer as an approved missed appraisal.

10. What is the self-declaration form and is it compulsory?

The self-declaration form is voluntary (it is not a compulsory requirement for the ARCP). It was introduced during the COVID Pandemic to allow trainees the opportunity to report on their experiences during COVID pandemic and how it may have impacted on them including health and wellbeing, and how COVID may have disrupted training and the acquisition of necessary capabilities. It was intended as a “touch base” opportunity for any other issues.

11. What requirements/competencies/capabilities do I need for my ARCP?

The Medical Royal Colleges and Faculties have developed GG8-compliant decision aids, describing acceptable compensatory evidence (with examples) for ARCP panel’s consideration where normal evidence is not available due to COVID-19. The decision aids will outline the minimum evidence requirement to obtain an outcome permitting the trainee to progress to the next stage of training. The decision aids will support panels in applying discretion when reviewing the evidence provided and to issue an appropriate outcome. Decision aids will also provide guidance to panels on documenting the outstanding capabilities required by the trainee.

The links to Royal College decision aids can be view in Annex A of the ARCP supplementary guidance document.

12. Will I still be able to CCT if I have passed my exams?

Yes, remote ARCPs for trainees at critical progression points-including CCT-will be prioritised under the COVID-19 contingency plans and, if you have evidenced all of your CCT curriculum requirements, you will be able to CCT.

13. Will I still be able to CCT if I have not passed my exams?

Each training programme will have critical progression points where a decision will need to be made about progression to the next stage of training. Where progress is dependent on success at a professional examination Medical Royal Colleges have considered carefully the criteria for progression at critical progression points in light of the current national emergency and have worked with the GMC to allow safe progression where possible. Where exams are still deemed critical to progression Royal Colleges are working to ensure exams can be sat as soon as it is safe to do so.

For specific changes to curriculum requirements please go to your specific Medical Royal College website (see Appendix A).

Where an exam is still required to be able to CCT but a trainee has not been able to take the exam due to COVID-19 an outcome 10.2 will be awarded.

Where a trainee has not passed their exam, and this is has not been impacted by COVID-19 an appropriate developmental extension outcome (Outcome 10.2 or outcome 3) will be considered.

In these circumstances, trainees may be asked by their trust to act up as a Consultant. The training programme director (TPD) must approve any acting up arrangement.

14. I am a trainee who was on OOP / parental leave and returned to clinical practice earlier than planned to support the COVID-19 response. What outcome can I expect to get?

HEE has issued guidance on facilitating the return of trainees on flexible pathways, which includes information on the management of trainees returning from parental leave. In particular, we wish to provide assurance to trainees who have returned to frontline services, that they will be able to return Out of Programme(OOP) or to complete their parental leave after the peak of the COVID-19 crisis has passed, assuming the OOP provider can accommodate this. In addition, parental leave can be split between both parents as per the statutory position HEE has expanded its package of supported return to training (SupportTT) resources to help trainees coming back to frontline services.

Trainees who have returned from OOP or parental leave can expect to receive an Outcome 8 at ARCP, as per GG8, and to have a subsequent conversation with their educational supervisor about gaining credit for the service work they have under taken. The Statutory Education Bodies have agreed that experience gained by trainees who have returned from OOP to take up clinical duties may be used as evidence for their progression. The supplementary guidance documents provide detail of how to record relevant experience and competencies gained.

During ARCP

15. Who will be on my ARCP panel?

During the COVID-19 pandemic the following panel arrangements have been agreed by the four nation Statutory Education Bodies (SEBs) for ARCPs taking place across the UK

- A Minimum of 2 panellists - a Head of School (HoS), Associate Postgraduate Dean (APD) or Training Programme Director (TPD) should be present. An Educational Supervisor can also contribute provided they are not the ES for the trainee.
- Best practice is for all panel members to have valid equality and diversity training and will to receive training on the ARCP process. As a minimum, at

least one panel member must have valid equality and diversity training and training in the ARCP process.

- Where more than one specialty is being assessed in the same panel (e.g. dual training or sub-specialty training in parallel with main specialty training) or where the doctor in training is on an integrated academic programme, the panel will normally include relevant specialist/sub-specialist/academic input. These representatives may form part of the minimum of 2 panel members.
- The Defence Deanery will be invited to send a representative for any military doctor in training having their progress reviewed. The Defence Deanery representative would be in addition to the minimum 2 panel members.
- Lay advisors representatives are not a mandated requirement but may be included if available. Sourcing a lay representative must not, however, delay the scheduling of ARCP panels. A lay representative would be in addition to the minimum 2 panel members.
- Medical Royal College external advisors are not a mandated requirement but may be included if available. External advisors would be in addition to the minimum 2 panel members

16. Are the COVID outcomes (10.1 / 10.2) still being used?

Yes. It is acknowledged that the COVID-19 pandemic continues to impact on training, and some trainees might need COVID ARCP Outcomes for some time (e.g. shielding trainees and in specialties where curriculum requirements may not be met until later in training).

COVID-19 Outcomes 10.1 and 10.2 have now been extended across all four Statutory Education Bodies and will apply to ARCPs scheduled up to and including September 2021. There will be further review of the situation in September 2021.

17. What is an outcome 10 and why are you not just using standard outcomes plus N13 (no ARCP due to COVID-19)?

The Statutory Education Bodies of the four UK nations have agreed that the COVID-19 pandemic has created an exceptional set of circumstances for trainees, trainers and training, such that it would be inappropriate to effectively penalise a trainee with an adverse ARCP outcome where training difficulties have arisen through COVID-19 related issues.

Outcome 10 has therefore been introduced with the aim of recognising that progress is satisfactory overall, but that some competences normally required for progression have not been acquired due to COVID-19. This is a “no fault” outcome, as a derogation to Gold Guide 8 (GG8) recognising the exceptional circumstances presented by the emergence of a novel coronavirus.

By indicating that the competencies normally required for progression have not been evidenced due to COVID-19, this will allow trainees and educational supervisors to put a suitable plan in place for achieving outstanding capabilities for the next scheduled ARCP.

18. Can I receive career feedback from the panel?

Post-ARCP feedback will be offered to all trainees in a timely and supportive way which minimises the need for trainees to take protracted time away from service and removes the need for additional discussion panels to be set up.

There are a range of options available to support this which will be at local office discretion, for example:

- Remotely through ARCP outcome letters or via trainees being directed to the e-portfolio ARCP outcome section, with planned follow up and with a clear feedback discussion at the trainee's base.
- Locally delivered through, for example, feedback from the educational supervisor ensuring trainers are also informed of trainee outcomes in a timely way.
- For outcomes other than 1 or 6, ideally one of the panel members or, alternatively, a suitably qualified educator will provide this using videoconferencing, telephone or similar.
- Trainees issued with an Outcome 5 will be notified within a maximum of 5-working days and informed of the deadline for submission of additional requested documentation (usually 2-weeks from the date of notification).

For specific detail about your ARCP contact your local office.

19. Can I appeal as to who is on the ARCP panel?

The composition of ARCP panels is not subject to the appeal process. However, if a trainee believes that the process of the ARCP has not been followed correctly, including the ARCP panel membership it may be considered as grounds for a review of an outcome 2 or 10.1 or an appeal of an outcome 3, 4 or 10.2. This is in accordance with GG8:4.167

20. Can I attend the ARCP panel? Will this be offered remotely?

All ARCP panels will be conducted in absentia i.e. attendance by trainees is not required. For any 'face to face' parts of the ARCP process involving trainees with an adverse outcome (i.e. post ARCP feedback) these will be undertaken using videoconferencing, telephone or similar.

The face to face part of the ARCP process for the 10% of trainees reviewed randomly will not proceed this year – consideration will be given to how quality management is carried out in due course.

21. How will panels determine whether a trainee receives a COVID-19 outcome?

The four UK Statutory Education Bodies and the GMC have approved a coding framework for Outcomes 10.1 and 10.2. These C codes provide additional information on the specific circumstances that have led to a no-fault outcome, by which a trainee has been unable to evidence their curriculum requirement due to COVID-19.

Where a trainee is unable to demonstrate that COVID-19 measures have prevented them from attaining or evidencing the curriculum requirements –i.e. if

no C Code applies to their circumstances – the panel may give an developmental outcome (outcome 2 or 3).

To note, ARCP panel decisions should not come as a surprise to a trainee. If you have not been progressing as expected, this should have been previously identified by you and your Educational Supervisor and appropriate support should already be in place to address this.

Post ARCP

22. Can I appeal my ARCP outcome? If so, how?

During the derogation to GG8:4.91, trainees and trainers will still have recourse to request a review or appeal an ARCP outcome, as per the provisions of GG8:4.155 – 4.179. Updated appeals guidance has been published and is available on the [HEE website](#).

23. How will I be told of my ARCP outcome?

ARCP panel decisions should not come as a surprise to a trainee. If you have not been progressing as expected for your stage of training, normally, this should have been previously identified by you and your Educational Supervisor with appropriate support identified to address this.

24. Can I progress to the following year with a COVID-19 outcome?

Yes, if you receive an outcome 10.1, the Statutory Education Bodies of the 4 UK nations have agreed that the COVID-19 pandemic has created an exceptional set of circumstances for trainees, trainers and training, such that it would be inappropriate to effectively penalise a trainee with an adverse ARCP outcome where training difficulties have arisen through COVID-19 related issues.

Outcome 10 has therefore been introduced with the aim of recognising that progress is satisfactory overall, but that some competences normally required for progression have not been acquired due to COVID-19.

10.1 indicates that a trainee has not been able to evidence all of their curriculum requirements due to COVID-19, and that they are able to progress to the next stage of training, and evidence these outstanding competencies at their next ARCP

10.2 indicates that a trainee has not been able to evidence all their curriculum requirements due to COVID19, and that **they are not able** to progress to the next stage of training until these competencies have been evidenced.

The decision whether to award outcome 10.1 or 10.2 will be made based on the critical progression points within your Medical Royal College curriculum

25. Will I be given personalised feedback regarding my ARCP?

Post-ARCP feedback will be offered to all trainees in a timely and supportive way which minimises the need for trainees to take protracted time away from service and removes the need for additional discussion panels to be set up.

There are a range of options available to support this which will be at local office discretion, for example:

- Remotely through ARCP outcome letters or via trainees being directed to the e-portfolio ARCP outcome section, with planned follow up and with a clear feedback discussion at the trainee's base.
- Locally delivered through, for example, feedback from the educational supervisor ensuring trainers are also informed of trainee outcomes in a timely way.
- For outcomes other than 1 or 6, ideally one of the panel members or, alternatively, a suitably qualified educator will provide this using videoconferencing, telephone or similar.
- Trainees issued with an Outcome 5 will be notified within a maximum of 5-working days and informed of the deadline for submission of additional requested documentation (usually 2-weeks from the date of notification).

For specific detail about your ARCP contact your local office.

26. Will we have to make up for the adjusted portfolio requirements in the future? If so, when?

The GMC has approved curriculum derogations developed by Colleges and Faculties across the specialties which have informed the specialty specific decision aids. Colleges and Faculties will agree and determine any requirements to “make up” competencies/capabilities dependent on further changes or amendments to specialty specific curriculum derogations as the impact of the COVID Pandemic on training progression develops over time.

27. How long after my ARCP will I be notified?

HEE local teams will follow local processes to ensure that the HEE Trainee Information System is updated with ARCP outcomes. This would usually be done no later than 10-working days after the ARCP date.

For outcomes other than 1 or 6, ideally one of the panel members or, alternatively, a suitably qualified educator will provide this using videoconferencing, telephone or similar.

To note, ARCP panel decisions should not come as a surprise to a trainee. If you have not been progressing as expected, this should have been previously identified by you and your Educational Supervisor and appropriate support should already be in place to address this.

28. What checks have been put in place to ensure the 2020 ARCP process doesn't disproportionately affect specific groups with either from adverse outcomes or missed opportunities to catch those in difficulties?

The contingency planning implemented during the COVID-19 pandemic aims to reduce the burden on trainees, trainers, and the health service, while enabling as many trainees as possible to progress in their training at the normal rate.

There are existing processes in place to avoid disproportionate adverse impacts for individuals with protected characteristics or belonging to a specific

demographic group. Four nation discussions have taken place throughout COVID-19 contingency planning to promote equitable processes and decision-making as far as possible. The trainee self-assessment and declaration form also provides an opportunity for trainees to record and alert local offices to any difficulties or perceived disadvantage that they have experienced on any individual basis.

29. What is the limit to extensions on training in normal circumstances and has this changed due to the coronavirus outbreak?

Full guidance and principles for extensions to training during COVID-19 can be accessed on the [HEE website](#).

30. If a doctor is unable to CCT because of circumstances beyond their control, will they be paid at the same level they would have got had they been appointed as a consultant?

The Terms & Conditions of a doctor in this situation would be dependent on how additional training time is undertaken. If the doctor remains in a training post, this would be paid at the appropriate rate according to the 2018 Junior Doctor Contract. However, in some situations, there may be the opportunity to act up as a consultant (AUC). The Statutory Education Bodies have published guidance for AUC during the COVID-19 response. Training Programme Directors can approve AUC arrangements, which provide final year trainees who have been unable to CCT with appropriate supervision, enabling time to be credited towards a CCT. The Terms & Conditions of AUC should be discussed and agreed between a trainee and their employer.

31. How does HEE propose to support trainees with an Outcome 10 to achieve outstanding capabilities, given the likely competition with trainees in the following year group for educational opportunities?

If a trainee is awarded an Outcome 10, the panel should document the capabilities that the trainee is required to develop. These will form the basis of a training plan for the trainee, developed in conjunction with their educational supervisor. The trainee's progress against the capabilities identified by ARCP panels will be reviewed at the next scheduled review. Medical Colleges and Faculties are actively exploring ways in which to re-commence examination cycles and to provide the capacity required for trainees to complete these educational opportunities.

Other questions including responses to the webinar on 16 December

32. Some Shielding trainees are losing out on access to training opportunities - will training be extended?

This will be assessed on case-by-case basis by regional office /school and if additional training is required due to delay in competences etc. It will be managed accordingly.

33. What type of time out of training affects CCT date. You mentioned maternity leave on the webinar. Does 2 weeks of paternity leave extend the CCT date?

GMC 2012 TOOT Position statement refers to how the time out of training (for any reason) that exceeds 14 days (this does not include annual and study leave) impacts on the CCT date which is likely to be adjusted.

2 weeks paternity leave is likely to be within the 14-day limit so would not affect CCT date but longer periods of paternity leave would.

34. Where can shielding trainees turn if they feel ARCP panels/appeal panels are not taking into account Covid disruption/shielding properly?

The proper process would be through review/appeal of the ARCP outcomes. However, if there are local concerns it is good practice to discuss with TPD/Head of School locally.