Guide to the Foundation Annual Review of Competence Progression (ARCP) Process
Guide to the foundation ARCP processes

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Guide to the foundation Annual Review of Competence Progression (ARCP) process.

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Introduction:

Embedding the Annual Review of Competence Progression (ARCP) into the Foundation Programme.

With the new editions of the *FP Curriculum 2012* and the *FP Reference Guide 2012* came the introduction of the Annual Review of Competence Progression (ARCP) process into the Foundation Programme. It is expected that every foundation doctor will be subject to this process each year (circa 14,000 doctors).

Aligning with specialty training, the Foundation Programme adopts the ARCP process which serves to ensure a formal, consistent and robust mechanism for annual review of each doctor’s achievement and progression. An effective ARCP process will ensure that sign-off is a transparent and fair process.

By introducing ARCP into foundation, we hope that foundation doctors are better prepared with a ‘taste of what's to come’ as they continue along their medical training pathway. The structured review and sign-off process should also aid expectation of what is required to satisfactorily complete the Foundation Programme. Furthermore, the ARCP review outcomes should help to identify and structure the doctors learning needs, areas for development and highlight areas of excellence.

It is not only the foundation doctor who can expect to benefit from ARCP, but also the wider public and all educational faculties. The benefit of adopting this proven and well-established ARCP process is to provide assurance of national consistency for every doctor training within the Foundation Programme. The ARCP process will strengthen the well embedded and successful year-end sign-off processes that already exist within foundation management across all areas of the UK. A robust sign-off process will help to improve patient safety and the quality of care given by doctors in the longer term.

The main intended audience of this ARCP guide is the foundation school/educational faculty; although foundation doctors may also find this resource useful.

We have included contributions and case studies from many stakeholders including experienced ARCP foundation doctors, clinical tutors, educational supervisors, a postgraduate dean and others involved in foundation programmes across the UK. This document is not exhaustive, but provides a good starting point to find out more about the ARCP process and signposts to more detailed useful resources that you may wish to consider.

For full and complete details about the foundation ARCP processes and framework, please refer to chapters 10 and 11 of the *FP Reference Guide 2012*.

We hope that you find this guide useful and welcome feedback on this document’s detail, your experiences and any other comments for improvement. Please contact: enquiries@foundationprogramme.nhs.uk.

Miss Stacey Forde, Project Manager, UKFPO.
Overview of foundation ARCP (principles and processes)

What is ARCP?
Annual Review of Competence Progression (ARCP) is a process that provides a formal and structured review of evidence to monitor a doctor’s progress throughout each stage of medical training.

It is the ARCP process that aims to protect patients and assures the doctor, educational faculty employers, and the public that foundation doctors are receiving appropriate experience and that outcomes are being gained at an appropriate rate.

ARCP function within the Foundation Programme
The ARCP processes are set to fulfil the following functions:

- To document the judgement about whether a foundation doctor has met the requirements and has provided documentary evidence for the satisfactory completion of F1/F2;
- To document recommendations about further training and support where the requirements have not been met.

ARCP review is not an additional method of assessment within the Foundation Programme.

Basic constitution of foundation ARCP
Table 1 uses the basic ‘5W’ theory (who, what, when, where and why) to provide an overview of the ARCP constitution within foundation training.

Table 1: 5w’s of foundation ARCP

<table>
<thead>
<tr>
<th>Who</th>
<th>Key stakeholders involved in ARCP:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Clinical and educational supervisors</td>
</tr>
<tr>
<td></td>
<td>The foundation doctor</td>
</tr>
<tr>
<td></td>
<td>ARCP Panel (FTP/D as chair, plus two other members)</td>
</tr>
<tr>
<td></td>
<td>Other members within the FP educational faculty</td>
</tr>
</tbody>
</table>

| What         | To prepare and conduct a review of every foundation doctor’s achievements and progression, using evidence within the e-portfolio and other resources. The review is designed to assign an ARCP outcome which either recommends to the FSD (for F1) and PG Dean or other (for F2) that the doctor has/has not met the requirements for satisfactory completion of F1/F2. |

| When         | Typically annually, with the ARCP review being conducted towards the end of the F1 and F2 year. A clear timetable is required. (ARCP reviews can be conducted more frequently if there is a need to deal with progression issues outside the annual review e.g. convening a panel earlier if there are significant concerns or even conducting a review prior to taking a maternity leave etc. as a check-point of progress) |

| Where        | ARCP e-portfolio reviews can be conducted remotely. All ARCP outcomes to be recorded within the e-portfolio. Deaneries/foundation schools will need to manage the operational ARCP processes and timetables locally. Collaborative working with trusts/LEPs is strongly recommended. |

| Why          | To provide a clear, transparent, robust and fair process for F1 and F2 sign-off. This dually aligns with the proven ARCP processes used in specialty training. |
ARCP principles
It is imperative that the following principles are clearly represented and act as the foundation of the ARCP process:
- Systematic
- Evidence-based
- Visible and open to audit
- Based upon explicit standards
- Consistent and reliable
- Credible and defendable.

How does the ARCP process work?
With effect from July 2012, every foundation doctor (regardless of training status) should be subject to an Annual Review of Competence Progression. The annual review should take place towards the end of the F1/F2 training year which typically completes in July. Schools may have to adjust the timetable accordingly and conduct additional ARCP reviews throughout the year i.e. on a pro-rata basis for those doctors who train less than fulltime (LTFT), are out of phase or are not actively in the programme at the time of the annual review (maternity etc). Please see page 15 for further details.

Every foundation doctor is also required to participate in the GMC revalidation process which includes submission of details of any significant events, and any health or probity concerns. Where possible, the FP Curriculum Delivery Group has embedded these revalidation questions into the ARCP process to aid monitoring and reporting of such issues.

Foundation schools/deaneries are charged with implementing and timetabling an ARCP review process for all foundation doctors accordingly. The following information is therefore provided as an overview of the ARCP process:
- Page 6 provides a detailed text-based account of the process
- Page 7 offers the information using a flow diagram structure (some basic information has been duplicated to explain each stage of the process)

It is important to note that this guide is not exhaustive and cannot be a substitute for reading sections 10 and 11 of the FP Reference Guide 2012 when designing local ARCP processes and timetables!
Overview of the ARCP process:

1. At the beginning of F1/F2 and at the start of each placement, every foundation doctor (in collaboration with their supervisor) should create a PDP to identify placement specific and career objectives.

2. Throughout F1/F2: regularly reviewing the curriculum and requirements for satisfactory completion of F1/F2 will help identify progress and any gaps/evidence required to meet all outcomes at year end. Gathering of evidence and utilising the e-portfolio on a continuous basis is vital to aid a smooth ARCP review. This includes timely submission of End of Placement assessments by the educational and clinical supervisors.

3. Towards the end of the F1/F2 year: an agreed deanery/foundation school ARCP timetable should be published. The FTPD/T, acting on behalf of the deanery/foundation school, should establish an ARCP panel and make clear the local arrangements to receive the necessary documentation from foundation doctors. This means that at least six week notice must be given of the submission date, so the foundation doctor can check their e-portfolio, and the educational supervisors can meet with the foundation doctor and complete the required structured reports (including the educational supervisor’s end of year report, the enhanced Form R etc.).

4. At the end of F1/F2: An ARCP panel is convened (please see page 8 for full details of the panel). The panel may benefit from prior administrative support and being issued/utilising tools such as ‘checklists’ and other tools to benchmark the e-portfolio evidence against the requirements for satisfactory sign–off. The ARCP review is conducted and outcome recorded by means of the FTPD/T (Chair of the panel) completing an ‘F1/F2 ARCP Outcome Report Form’ within the e-portfolio. (Please note: more than one ARCP review may be required, however there should only be one ARCP outcome form per ARCP review)

5. Following the ARCP review: The foundation doctor must be informed of the ARCP outcome and must sign the ARCP outcome report within 10 days of the panel meeting.

6. Depending on the ARCP (please see page 14 for ARCP Outcomes) outcome assigned, different actions will be required. Foundation schools will need to consider the following scenarios/actions and account for these within the ARCP timetable:
   - Time to allow a meeting with the foundation doctor to fully discuss an extension to FP training
   - Scheduling of further ARCP review dates (e.g. for those who presented incomplete evidence and will be subject to another review)
   - Further ARCP review dates for those doctors who train LTFT, are out of phase or are not actively undertaking the programme at time of the ‘annual’ ARCP review.
   - The time and process to manage ARCP outcome appeals
   - Process and time for FSD (for F1) and PG Dean/other authorised signatory (for F2) to review the ARCP outcome and sign the ‘Attainment of F1 Competence’/ FACD.
Throughout F1/F2 Assessments, supervised learning events, reflections and meetings conducted as per the FP Curriculum 2012 and Reference Guide framework. All evidence to be contemporaneously recorded within the e-portfolio.

Towards the end of F1/F2 year (in preparation for ARCP)

Foundation schools/deanery to publish ARCP timetable; providing a minimum of 6 weeks notice for foundation doctors to complete/finalise their e-portfolio evidence.

Educational Supervisor completes ‘End of Year Report’ (‘ES End of Year Report’ supersedes completion of ‘ES End of placement report’ for the final placement)

Foundation doctor to complete the ‘Foundation Form R’ as part of the ARCP/revalidation process. This form must be available for the panel to consider at the time of the ARCP review.

ARCP panel established (FTPD/T and two others)

End of F1/F2 year (ARCP review period)

ARCP panel established/convened (FTPD/T and two others)

Each e-portfolio to be reviewed by ARCP panel. An ARCP outcome code is assigned and recorded in e-portfolio.

ARCP outcome:

- Recommended for sign-off
  - Outcome 1 (F1)
  - Outcome 6 (F2)

ARCP outcome:

- Not recommended for sign off
  - Outcome 3, 4 or 5 (F1 and F2)
  - It may be necessary to schedule further ARCP review dates e.g. those who need to provide further evidence.

ARCP outcome:

- Other
  - (Use of ‘N’ and ‘U’ codes)
  - e.g. doctor training less than full time (LTFT), on long term sick etc.

Post ARCP review

Foundation doctor to be advised of ARCP outcome and sign ARCP report.

FSD (for F1) and PG Dean/other (for F2) to consider ARCP review outcome and take appropriate action. For example: issue ‘Attainment of F1 Competence’/FACD, reschedule further ARCP review, arrange remedial training or commence the exiting process.
The ARCP panel has an important role which its composition should reflect.

The panel should consist of at least three panel members; one of which should be a registered and licensed medical practitioner on the specialist or GP register.

The panel typically comprises of the FTPD/T (Chair of the panel) and two other members. Additional /other members could include:
- a postgraduate centre manager/other senior administrator
- specialty training doctor (ST4 or above)
- clinical supervisor
- educational supervisor
- lay representative
- external trainer
- employer representative
- external deanery/foundation school representative.

Where it is likely that a foundation doctor may be assigned an outcome indicating insufficient progress, the panel should typically include at least one external member e.g. lay representative, external trainer, deanery/foundation school representative.

**Top tip for ARCP panel membership:**

Having educational supervisors (ES) and clinical supervisors (CS) as panel members can offer substantial benefit to the ARCP process. Benefits include not only the knowledge and expertise of foundation training being brought to the panel, but more strategically, supervisors being exposed to the ARCP process will acquire a deeper understanding of how integral their roles are throughout the foundation year. For example, ARCP panellists need to review every ES and CS End of Placement reports to make an informed judgement.

Greater ES and CS engagement with the assessment process and e-portfolio recording throughout the year may be enhanced as a result.

(Please remember that supervisors cannot conduct review of those doctors under their own supervision)

All panel members will require access to the e-portfolio. Arrangements to provide this access must be in place and should be organised by the foundation school in advance of the panel review dates. If using the NES e-portfolio, guidance on how to assign an ‘ARCP panel member’ role is available here: [http://talkback.nhseportfolios.org/wordpress/?p=471](http://talkback.nhseportfolios.org/wordpress/?p=471)

Panel members should note that not every member will necessarily need to review each foundation doctor’s e-portfolio. At least two members (one of which should be a registered and licensed medical practitioner on the specialist or GP register) should systematically consider the evidence.

If there is a disagreement between the two panel members, the evidence should be scrutinised by a third member and the majority decision used in determining the outcome should be made. Example: if the FTPD/T and postgraduate centre manager conduct a review of the evidence (using the e-portfolio and other sources of
information), and they agree the same outcome, the third panel member is not necessarily required to review evidence/the e-portfolio.

The panel should also note that it is not essential to review the e-portfolio at the same time. Panel members may scrutinise the e-portfolio separately and provide feedback.

**Key facts to remember about the panel:**

- Minimum of three panel members (FTPD/T and two others)
- FTPD/T should chair the panel
- All members must be trained in equality and diversity
- All Panel members must have training in ARCP process (familiar with FP Curriculum, e-portfolio navigation etc.)
- Additional members should not include anyone who has been directly involved in the supervision of the doctor under consideration
- ARCP panel members will require access to the e-portfolio
- Not all ARCP panel members necessarily need to review each e-portfolio
- One of the members reviewing evidence/e-portfolio should be a registered and licensed medical practitioner on the specialist or GP register
- Panel to be fully accountable for decisions and all proceedings recorded within the e-portfolio (audit trail)

The foundation ARCP review

Having issued an ARCP timetable, notified foundation doctors of the pending ARCP review dates and establishing the ARCP panel (including the organisation of appropriate access to the e-portfolio), the ARCP review is ready to commence.

Minimum requirements for satisfactory completion of F1 and F2

To ensure that the ARCP process is consistent, reliable and based upon explicit standards, every panel member must be fully aware of the mandatory, minimum requirements for satisfactory completion of F1 and F2 respectively.

The FP Reference Guide 2012 provides comprehensive tables of all the requirements for satisfactory completion of F1 and F2 (Please see sections 10 and 11). The FP Curriculum 2012 specifies the expected outcomes and competences for both F1 and F2 doctors.

An overview of the requirements/evidence required for satisfactory completion of F1 and F2 (and the difference between each training year) is provided in table 2 below. These standards should be used as the minimum benchmark when reviewing evidence for the purpose of ARCP.

**Table 2: Overview of the requirements/evidence required for satisfactory completion of F1 and F2**

<table>
<thead>
<tr>
<th>F1</th>
<th>F2</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Provisional GMC registration</td>
<td>• Full GMC Registration</td>
</tr>
<tr>
<td>• Completion of 12 months training</td>
<td>• Completion of 12 months training</td>
</tr>
<tr>
<td>• Coverage of FP Curriculum outcomes</td>
<td>• Coverage of FP Curriculum outcomes</td>
</tr>
<tr>
<td>• Satisfactory ES End of Year Report</td>
<td>• Satisfactory ES End of Year Report</td>
</tr>
<tr>
<td>• ES End of Placement Reports</td>
<td>• ES End of Placement Reports</td>
</tr>
<tr>
<td>• CS End of Placement Reports</td>
<td>• CS End of Placement Reports</td>
</tr>
<tr>
<td>• Completion of the required assessments (TAB &amp; core procedures)</td>
<td>• Completion of the required assessments (TAB)</td>
</tr>
<tr>
<td>• Valid Immediate Life Support certificate</td>
<td>• Valid Advanced Life Support certificate</td>
</tr>
<tr>
<td>• Participation in QIP &amp; national surveys</td>
<td>• Analysis &amp; Presentation in QIP &amp; surveys</td>
</tr>
<tr>
<td>• Completion of SLEs</td>
<td>• Completion of SLEs</td>
</tr>
<tr>
<td>• Acceptable attendance at teaching sessions (typically 70%)</td>
<td>• Acceptable attendance at teaching sessions (typically 70%)</td>
</tr>
<tr>
<td>• Signed probity &amp; health</td>
<td>• Signed probity &amp; health</td>
</tr>
</tbody>
</table>

* FP Curriculum outcomes

The FP Curriculum 2012 is outcome based. ARCP panel members must therefore be aware of the FP Curriculum content, structure and outcomes. As a guide, it should be noted that:

“Each (Curriculum) subsection is headed by outcome descriptors indicating the levels of performance that foundation doctors must achieve…”

“...the outcomes are the standard against which their performance will be judged...” (Page 10, FP Curriculum 2012)
Review of ARCP evidence

The majority of evidence required to make an informed ARCP judgement should be available within the e-portflio. There may also be other additional local requirements and other sources that need to be collected locally e.g. an accurate record of sickness and absence, a copy of the completed ‘Enhanced form R’ for both F1 and F2 doctors, copies of certificates (ILS/ALS and GMC registration etc).

All ARCP panel members must be familiar with the requirements of satisfactory completion of F1 and F2 in order to identify and consider appropriate evidence as part of the actual review.

There are ARCP tools and checklists that can be used to support and aid the review of evidence. These tools are explored within the next chapter; please see ‘ARCP resources’.

It should be noted that when reviewing ARCP evidence, additional reports from the FTPD/T (for example a report detailing events that led to a negative assessment by the foundation doctor’s educational supervisor) may need to be reviewed and considered by the panel.

The foundation doctor may also submit a report to the panel, in response to the educational supervisor’s end of year report or to any other element of the assessment process. Please refer to paragraphs 10.23–10.24 (F1) and paragraphs 11.23–11.24 (F2) of the FP Reference Guide 2012 for full details of how to manage such reports.

TIP / IMPORTANT NOTE WHEN REVIEWING EVIDENCE:

ARCP panel members should be mindful of any evidence added to the e-portflio after the notified submission date. Foundation schools may want to consider employing a virtual ‘e-portflio lockdown’ as such, and panel members should be aware of the date of evidence provided.

The ARCP panel should review evidence first and then create/complete the ARCP Outcome Report form. If the panel create the ARCP Outcome Report form first, by the time the review and agreed conclusion is made, it is likely that the e-portflio will have ‘timed-out’. (NES functionality: When completing a form, you have unlimited time to complete the form as long as you are actively typing. Once you stop typing, you will be logged out after 60 minutes; a pop-up message informing you of this).

Where the evidence submitted is incomplete or otherwise inadequate, the panel should not take a decision about the performance or progress of the foundation doctor. The failure to produce timely, adequate evidence for the panel will result in an Incomplete Evidence Presented outcome (Outcome 5) and will require the foundation doctor to explain to the panel, in writing, the reasons for the deficiencies in the documentation.

By means of sharing existing and good practice, detailed working ‘Guidance on ARCP evidence’ is offered by Northern Deanery and can be accessed via: http://northerndeanery.ncl.ac.uk/NorthernDeanery/foundation/key-documents/guidance-for-completing-evidence-for-arcp
Foundation ARCP resources

To assist the review of ARCP evidence within the e-portfolio, there are a number of tools designed to quickly identify relevant ARCP evidence and to support ARCP review.

Optional supporting tools:
Schools may wish to use many of the e-portfolio tools (as explained below) and/or consider developing local ‘checklists of evidence’ to be reviewed and benchmarked when conducting the ARCP review.

The e-portfolio offers the following ARCP resources* (* As these samples are in paper format, the electronic functionality cannot be fully demonstrated e.g. use of drop down menus/branching of information etc.)

<table>
<thead>
<tr>
<th>Resource</th>
<th>Sample*</th>
<th>Mandatory / optional</th>
<th>Purpose / notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Curriculum Overview page (NES sample shown)</td>
<td>Page 21</td>
<td>Optional</td>
<td>To support the review of evidence. The curriculum overview page offers a Red-Amber-Green facility allowing the foundation doctor and educational supervisor to rate if the required outcomes of each Curriculum syllabus heading have been met. If supervisors are engaged and utilise this functionality, it is a much more efficient way for the panel to make a quicker and better judgement about curriculum coverage and achievement.</td>
</tr>
<tr>
<td>Review of F1 evidence</td>
<td>Page 22</td>
<td>Optional</td>
<td>To support the review of evidence. This resource acts as a central portal of ‘quick links’ to relevant evidence in accordance with the core requirements for satisfactory completion of F1 (FP Reference Guide 2012).</td>
</tr>
<tr>
<td>Review of F2 evidence</td>
<td>Page 24</td>
<td>Optional</td>
<td>(As above but with relevance to F2) Remember: Core procedures from F1 do not need to be repeated in F2, however evidence of the procedures from F1 is required for successful completion of F2. Users of this form may therefore need to visit the doctor’s F1 details.</td>
</tr>
<tr>
<td>F1 ARCP outcome form</td>
<td>Page 26</td>
<td>Mandatory</td>
<td>This is the mandatory ARCP outcome report form to be completed by the FTPD/T (Chair of the ARCP panel) to record the ARCP outcome. Only one form per review should be complete.</td>
</tr>
<tr>
<td>F2 ARCP outcome form</td>
<td>Page 28</td>
<td>Mandatory</td>
<td>(As above but with relevance to F2)</td>
</tr>
</tbody>
</table>

Only one F1/F2 ARCP outcome form should be complete per ARCP review i.e. there should not be an outcome form saved within the e-portfolio by each ARCP panel member.

**IMPORTANT:**
It may be the case that more than one ARCP review is held for each doctor; in this case, there should be more than one ARCP Outcome Report form recorded within the e-portfolio and any other data sources you use (e.g. Intrepid).

**ONE ARCP REVIEW = ONE ARCP OUTCOME FORM RECORDED/SAVED.**

The NES e-portfolio is designed to only allow the FTPD/T to create the F1/F2 ARCP outcome form. This functionality exists to limit/avoid any confusion as to the official, agreed ARCP review outcome. If for any reason, the FTPD/T has assigned a deputy; a trust/LEP e-portfolio administrator can create the outcome form.

**Key notes:**
- There are optional tools available within the e-portfolio to help review evidence
- Schools may wish to design their own checklists/tools to review evidence
- Only the FTPD/T (chair of the panel) should complete the F1/F2 ARCP outcome form
- Only one F1/F2 ARCP outcome form per each ARCP review
- Only where more than one ARCP review is held, should there be more than one ARCP outcome form.
### Foundation ARCP outcomes

The FP Reference Guide 2012 mandates use of the following foundation ARCP outcome codes:

<table>
<thead>
<tr>
<th>Outcome Code</th>
<th>Description</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Satisfactory completion of F1</td>
<td>The F1 ARCP panel should only use this outcome for foundation doctors who meet the requirements for satisfactory completion of F1.</td>
</tr>
<tr>
<td>3</td>
<td>Inadequate progress – additional training time required</td>
<td>(Applicable to both F1 and F2) This outcome should be used when the ARCP panel has identified that an additional period of training is required which will extend the duration of training. The panel must make clear recommendations about what additional training is required and the circumstances under which it should be delivered (e.g. concerning the level of supervision). It will, however, be a matter for the deanery/foundation school to determine the details of the additional training within the context of the panel's recommendations, since this will depend on local circumstances and resources. The overall duration of the extension to training should normally be for a maximum of one year. The panel should consider the outcome of the remedial programme as soon as practicable after its completion. The deanery/foundation school should inform the employer and training placement provider if this outcome is assigned.</td>
</tr>
<tr>
<td>4</td>
<td>Released from training programme</td>
<td>(Applicable to both F1 and F2) If the panel decides that the foundation doctor should be released from the training programme, the deanery/foundation school should discuss with the GMC as there may be fitness to practise concerns. The panel should seek to have employer representation.</td>
</tr>
<tr>
<td>5</td>
<td>Incomplete evidence presented – additional training time may be required</td>
<td>(Applicable to both F1 and F2) The panel can make no statement about progress or otherwise since the foundation doctor has supplied either no information or incomplete information to the panel. If this occurs, the foundation doctor may require additional time to complete F2. The panel will set a revised deadline for completion of the e-portfolio and associated evidence. Once the required documentation has been received, the panel should consider it. The panel does not have to meet with the foundation doctor and the review may be done “virtually” and issue an alternative outcome.</td>
</tr>
<tr>
<td>6</td>
<td>Recommendation for the award of the Foundation Achievement of Competence Document</td>
<td>The F2 ARCP panel should only use this outcome for foundation doctors who meet the requirements for satisfactory completion of the Foundation Programme/F2.</td>
</tr>
<tr>
<td>8</td>
<td>Time out of</td>
<td>(F2 only) It is unusual for foundation doctors to take this outcome.</td>
</tr>
</tbody>
</table>

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| Foundation Programme | such a career break. However, the panel should receive documentation from the foundation doctor indicating what they are doing out of programme and their expected date of return. |

Please note that outcomes 2 and 7 (as used in specialty training) are not used/transferable to foundation training.

**Use of explanatory/supplementary codes within foundation ARCP**

To help support the deaneries/foundation schools with capturing appropriate ARCP data for those doctors who:
- train less than full time (LTFT)
- are out of phase
- are on statutory leave or other at the time of the annual review (e.g. towards July); or for those whom
- are assigned an unsatisfactory outcome (3, 4 or 5)

It has been agreed that the foundation ARCP process will adopt many of the specific, explanatory/supplementary codes as used within specialty training.

Explanatory/supplementary codes are different to, and used in addition to, the recognised ARCP outcome codes as numbered 1 – 8. These codes are a requirement within the GMC Annual Deanery Report dataset. Such explanatory/supplementary codes are coined as ‘N’ and ‘U’ codes.

These codes will not only be familiar to colleagues with knowledge of specialty training, but aim to essentially remove data duplication for schools/deaneries when having to re-interpret/code ARCP data for the purpose the GMC Annual Deanery Report and UKFPO FP Annual Report etc. Using these codes should also benefit the school/panel members in applying a consist approach to identify and record the reason(s) for an unsatisfactory outcome being assigned.

**What is an ‘N’ code and when does it apply?**

When annual ARCPs are conducted (e.g. May-July), if a doctor is LTFT, out of phase, not actively in the programme or other, which means that they are not due a summative ARCP review, an explanatory ‘Not reviewed’ code (i.e. ‘N code’) is required.

When completing the ARCP outcome report form, the option of ‘Other’ should be selected (outcomes 1, 3, 4, 5 and 6 will not apply). Having selected ‘Other’, the e-portfolio form will present a list of reasons to explain why this option has been chosen. The list of options presented are the explanatory ‘N’ codes of which more than one may apply. Please see page 32 for the list of ‘N’ codes.

**What is a ‘U’ code and when does it apply?**

In the event of an unsatisfactory ARCP outcome code being assigned (outcome 3, 4 or 5); an explanatory Unsatisfactory reason (i.e. a ‘U code’) is required.

When completing the ARCP outcome report form, if outcome 3, 4 or 5 is selected, the e-portfolio form will present a list of reasons to explain why this option has been chosen. The list of options presented are the explanatory ‘U’ codes of which more than one may be apply. Please see page 33 for the list of U codes.

Flow diagrams to demonstrate how these codes will be presented within the electronic format (i.e. once in the e-portfolio) are provided as per pages 34 and 35.
Managing the ARCP outcomes and providing feedback post-ARCP review

As progression is monitored robustly throughout the year, ARCP reviews are not expected to present any surprises or dispute.

All foundation doctors must be informed of their ARCP outcome and should sign the ARCP outcome report form within 10 days of the panel meeting. (Electronic signature via the e-portfolio is accepted). Discussion points about targeted learning, areas for improvement and/or areas of demonstrated excellence as noted within the review should also be shared with the doctor when providing feedback.

In some cases, it may be necessary to invite the doctor to attend a meeting immediately following the panel’s ARCP review (e.g. where it is expected that a non-satisfactory outcome would be assigned) to provide feedback and discuss the particulars of supporting the doctor or possibly the exiting process, depending on which outcome is assigned.

In reality, we appreciate that there may be a very small number of doctors who do not agree with the outcome and may even wish to appeal. In either case it is important (for the purpose of audit) that the ARCP report form is signed and acknowledged by the foundation doctor. To help schools address this issue, please note the statement at the bottom of the form which states that ‘the doctor may not accept or agree with the panel’s decision’.

In terms of the actions that should be taken, the FP Reference Guide 2012 offers in-depth detail as to the correct management of appeals and those outcomes which require further management:

- Managing F1 ARCP outcomes: Chapter 10 (FP Reference Guide 2012)

For those doctors assigned an outcome 5 (Incomplete evidence presented), schools will need to schedule a further ARCP review. For information only: within specialty training, the doctor has two weeks to provide complete/sufficient evidence.

As an overview of doctors assigned a satisfactory outcome (i.e. 1 or 6), it is expected that the following will be taken:

- F1s: the FSD reviews the ARCP panel’s recommendation (i.e. outcome 1) and if satisfied, s/he may then issue the ‘Attainment of F1 competence’ certificate to confirm successful completion of the F1 year.

- F2s: the PG Dean or other authorised signatory reviews the ARCP panel’s recommendation (i.e. outcome 6) and if satisfied, s/he issues the ‘Foundation Achievement of Competence Document (FACD) to confirm successful completion of F2/the Foundation Programme.

Remember:

- All foundation doctors must be informed of their ARCP outcome and should sign the ARCP Outcome report form within 10 days of the panel meeting. (Electronic signatures via the e-portfolio are accepted).

Regardless of which ARCP outcome is assigned and whether or not an appeal is submitted or further reviews required; it is imperative that every ARCP review has an outcome and all are recorded within the e-portfolio. An audit trail must always be kept and managed appropriately.
A valued ARCP experience

ARCP has proven to be a valued process, not only based on evidence within specialty training, but as experienced by foundation schools already operating under the ARCP framework.

Northern Deanery has over six years experience of operating ARCP within the foundation training model. A complete guide on ARCP processes from the Northern Denary can be accessed here: http://northerndeanery.ncl.ac.uk/NorthernDeanery/foundation/key-documents/ndfs-arcp-policy-2013-final

Comments from foundation doctors and other colleagues at Northern Deanery are shared here for your information:

"it helps you to prepare for yearly ARCP after foundation."

"working to achieve a satisfactory ARCP outcome indirectly meant I was preparing for my speciality application form and interview. You will appreciate that when you realize you have it all sorted on your e-portfolio! If it wasn't for all the competencies, reflections and positive feedback I wouldn't have scored so high to get into the speciality I wanted!!"

"It is good to have feedback from impartial sources about how they rate your own personal strengths and weaknesses."

"I think at the end of the day it also ensures that you achieve the outcomes when ARCP is looming at the end!"

"I have to say at times, though it felt like hoops to jump through, having an ARCP in foundation gave me focus in terms of a date and a structure to guide my professional development"

"I think that ARCP in foundation gave us a taster of what is to come for the rest of our careers. It gave us a goal to work towards."

"Best thing about ARCP in foundation: it is well supported and gives you practice before you have to start doing it much more on your own like CMT/CST"

"The thing I valued most about the ARCP deadlines looming ahead was that it encouraged you to focus and actively seek out assessments that actually improved us as doctors, weather it was learning a new skill via DOPS or learning more about a topic in order to have a semi intelligent conversation with a consultant via CBD that demonstrated my understanding, knowledge and application of medicine. You
definitely don't appreciate it at the time but these experiences help you in becoming a safe and competent doctor.”

“Remember to think of the ARCP not just as a tick box exercise to pass the year. Like most areas of medicine, when broken down into small goals and approached in a calm and organised manner anything is achievable. Embrace the process as a valuable learning and reflective tool and it will be used to your advantage, not just for the ARCP but to organise your achievements for future job applications.”
**Challenges**
I don’t know the trainee personally and have to make a value judgement on “the evidence”.

**Resources**

1. Assessments:
The immediate resources I seek to review include quality CS and ES reports and MSF. TABs are fundamental to assessing a doctor. The free text comments are the most revealing. “The most important piece of evidence for me is the multisource feedback”.

2. E-portfolio
A portfolio tells me a lot about the individual and whether or not they have engaged with the educational process. It is possible to “tick the boxes” however it is often the way in which these boxes are ticked that gives the game away e.g minimum requirements met just prior to ARCP / excessive linkage to cover deficiencies / over-reliance on 1 or 2 pieces of weak evidence / over-reliance on e-learning / inappropriate WPBA mandatory requirements missing etc. This is the realm of the ES and ARCP panel chair.

However there is an art to completing a portfolio and trainees can be taught how to produce a good portfolio to demonstrate achievement of their competence and clinical progression.

**Recommended approach to ARCP review:**
When reviewing ARCP evidence, I ask myself two simple questions:

- **Is this doctor making satisfactory progress?**
- **Can they progress or are there significant issues that must be addressed at this current time?**

I can only answer these questions if the agreed educational standards have been met (e-portfolios) and colleagues have written quality feedback (CS reports, ES reports and MSF). Engagement from all faculty colleagues is therefore fundamental to the success of this ARCP process and needs to be fully agreed and understood from the word go!
“Has made me aware of the need for well-structured and plentiful documentary evidence”

“Learnt the e-Portfolio!!”

“Better insight to MDT view of ARCP”

“More insight to ARCP process from another angle as an assessor”

“More aware of expectations of ARCP panel such that I will be a more effective ES”

“Thank you the ARCP training prepared me well for the real panel. This has been very good for my own personal development”

“It’s a pleasure to be involved with the FY programme and the ARCPs – thank you.”

“Having assessed at my first ARCP panel I have a much better understanding of e-portfolio, how to complete it and do assessment in a planned way for my trainees”

“Train & value your assessors and they will value and engage in the process”

**Foundation School Manager comments on ARCP**

**Foundation school manager:**

“As a Foundation School Manager, I have found the ARCP process incredibly reassuring when managing the sign-off process each year for our FP doctors. Knowing that every single one of our FP doctors have been through a rigorous ARCP panel before they progress through training builds confidence into what is such a critical part of the School’s job. Ultimately, ARCP gives our trainees, our faculty and our patients the peace of mind that only trainees who are competent to move on in their training do so.”

Mrs Gemma Crackett, Business Manager, Northern Deanery Foundation School.
Appendices:
Curriculum Overview page (NES sample shown)
Review of F1 evidence
Review of F2 evidence
F1 ARCP Outcome report form
F2 ARCP Outcome report form
List of N Codes
List of U codes
Flow diagram of N codes
Flow diagram of U codes
**Curriculum Overview page (NES sample shown)**

The curriculum overview page contains a number of indicators to monitor and rate progress as mapped to the FP Curriculum 2012 syllabus headings.

The rating system translates the syllabus sub heading ratings into a red-amber-green coloured indicator. The indicators will reflect the number of ratings made by both the foundation doctor (‘trainee’) and the Educational Supervisor. There is also a ‘manual’ Overall Educational Supervisor Rating that can be set from their account. This may help the ARCP review panel at year end, especially when considering the doctor’s engagement and reviewing the Educational Supervisors engagement and opinion of Curriculum coverage.

The indicator key is as per the table below:

<table>
<thead>
<tr>
<th>Status type</th>
<th>Status</th>
<th>Consideration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evidence</td>
<td>Number</td>
<td>Number of evidence items</td>
</tr>
<tr>
<td>Trainee rating</td>
<td>Grey</td>
<td>No Trainee rating</td>
</tr>
<tr>
<td></td>
<td>Red</td>
<td>Trainee has self-rated some items ‘not met’</td>
</tr>
<tr>
<td></td>
<td>Amber</td>
<td>Trainee has self-rated some items ‘some experience’</td>
</tr>
<tr>
<td></td>
<td>Green</td>
<td>Trainee has self-rated some items ‘F1/F2 level competent’</td>
</tr>
<tr>
<td>Educational supervisor assessment of individual competencies</td>
<td>Grey</td>
<td>No supervisor rating</td>
</tr>
<tr>
<td></td>
<td>Red</td>
<td>Supervisor has self-rated some items ‘not met’</td>
</tr>
<tr>
<td></td>
<td>Amber</td>
<td>Supervisor has self-rated some items ‘some experience’</td>
</tr>
<tr>
<td></td>
<td>Green</td>
<td>Supervisor has self-rated some items ‘F1/F2 level competent’</td>
</tr>
<tr>
<td>Educational supervisor assessment of trainees achievement of the desired outcome (Overall Ed Sup Rating)</td>
<td>Grey</td>
<td>No selection made</td>
</tr>
<tr>
<td></td>
<td>Red</td>
<td>Manual selection of ‘Not been met’</td>
</tr>
<tr>
<td></td>
<td>Amber</td>
<td>Manual selection of ‘Partially met’</td>
</tr>
<tr>
<td></td>
<td>Green</td>
<td>Manual selection of ‘Fully met’</td>
</tr>
</tbody>
</table>

Important: The lowest rating (a red indicator) of any area will be displayed as the main/overview indicator i.e. if 19 sub items are green and 1 is red, it is the red indicator that will be displayed.

Please contact your deanery/foundation school if you wish to receive further guidance on using this functionality (or whichever local body provides your e-portfolio training).
# Review of F1 evidence

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Notes</th>
<th>View evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Provisional registration and a licence to practise with the GMC</strong></td>
<td>To undertake the first year of the Foundation Programme, doctors must be provisionally registered with the GMC and hold a licence to practise. In exceptional circumstances (e.g. refugees) a fully registered doctor with a license to practise may be appointed to the first year of the Foundation Programme.</td>
<td></td>
</tr>
<tr>
<td><strong>Completion of 12 months F1 training (taking account of allowable absence)</strong></td>
<td>The maximum permitted absence from training, other than annual leave, during the F1 year is four weeks (see GMC guidance on sick leave for provisionally registered doctors).</td>
<td></td>
</tr>
<tr>
<td><strong>A satisfactory educational supervisor’s end of year report</strong></td>
<td>The report should draw upon all required evidence listed below.</td>
<td>(Quick link to report)</td>
</tr>
<tr>
<td><strong>Satisfactory educational supervisor’s end of placement reports</strong></td>
<td>If the F1 doctor has not satisfactorily completed one placement but has been making good progress in other respects, it may still be appropriate to confirm that the F1 doctor has met the requirements for satisfactory completion of F1. An educational supervisor’s end of placement report is not required for the last F1 placement; the educational supervisor’s end of year report replaces this.</td>
<td>(Quick link to all reports)</td>
</tr>
<tr>
<td><strong>A satisfactory clinical supervisor’s end of placement report for each placement</strong></td>
<td>If the F1 doctor has not satisfactorily completed one placement but has been making good progress in other respects, it may still be appropriate to confirm that the F1 doctor has met the requirements for satisfactory completion of F1. The last end of placement review must be satisfactory.</td>
<td>(Quick link to all reports)</td>
</tr>
<tr>
<td><strong>Satisfactory completion of the Team assessment of behaviour (TAB)</strong></td>
<td>Team assessment of behaviour (TAB) (Minimum of one per year)</td>
<td>(Quick link to TAB)</td>
</tr>
<tr>
<td>required number of assessments</td>
<td>Core procedures (all 15 GMC mandated procedures)</td>
<td>assessment</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>-----------------------------------------------</td>
<td>-------------</td>
</tr>
<tr>
<td>The minimum requirements are set out in the Curriculum. The deanery/foundation school may set additional requirements.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| A valid Immediate Life Support (or equivalent) certificate | If the certificate has expired, it may be appropriate to accept evidence that the doctor has booked to attend a refresher course. | |

| Evidence of participation in systems of quality assurance and quality improvement projects | Foundation doctors should take part in systems of quality assurance and quality improvement in their clinical work and training. | |
| Completion of GMC national trainee survey. | |

| Completion of the required number of Supervised Learning Events | Direct observation of doctor/patient interaction:  
- Mini CEX  
- DOPS  
(minimum of 9 observations per year; at least 6 must be mini-CEX) | |
| Case-based discussion (CBD)  
(minimum of 6 per year / 2 per placement) | |
| Developing the clinical teacher  
(minimum of 1 per year) | |

| An acceptable attendance record at generic foundation teaching sessions | It is recommended that postgraduate centres (or equivalent) provide a record of attendance for each F1 doctor. It has been agreed that an acceptable attendance record should typically be 70%. However, if the F1 doctor has not attended 70% of teaching sessions for good reasons, it may still be appropriate to confirm that the F1 doctor has met the required standard. If there are concerns regarding engagement or if attendance is below 50%, the FTPD/T should discuss this with the FSD. | |

| Signed probity and health declarations | Separate forms must be signed for each year of foundation training (F1 and F2). This is in addition to the Declaration of Fitness to Practise required by the GMC when applying for full registration. | |
Review of F2 evidence

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Notes</th>
<th>View evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full registration and a licence to practise with the GMC</td>
<td>To undertake the second year of the Foundation Programme, doctors must be fully registered with the GMC and hold a licence to practise.</td>
<td></td>
</tr>
<tr>
<td>Completion of 12 months F2 training (taking account of allowable absence)</td>
<td>The maximum permitted absence from training (other than annual leave) during F2 is four weeks (i.e. the same as F1).</td>
<td></td>
</tr>
<tr>
<td>A satisfactory educational supervisor's end of year report</td>
<td>The report should draw upon all required evidence listed below.</td>
<td>(Quick link to report)</td>
</tr>
<tr>
<td>Satisfactory educational supervisor's end of placement reports</td>
<td>If the F2 doctor has not satisfactorily completed one placement but has been making good progress in other respects, it may still be appropriate to confirm that the F2 doctor has met the requirements for satisfactory completion of F2. An educational supervisor’s end of placement report is not required for the last F2 placement; the educational supervisor’s end of year report replaces this.</td>
<td>(Quick link to all reports)</td>
</tr>
<tr>
<td>A satisfactory clinical supervisor’s end of placement report for each placement</td>
<td>If the F2 doctor has not satisfactorily completed one placement but has been making good progress in other respects, it may still be appropriate to confirm that the F2 doctor has met the requirements for completion of F2. The last end of placement review must be satisfactory.</td>
<td>(Quick link to all reports)</td>
</tr>
<tr>
<td>Satisfactory completion of the required number of assessments</td>
<td>Team assessment of behaviour (TAB) (Minimum of one per year)</td>
<td>(Quick link to TAB assessment)</td>
</tr>
</tbody>
</table>

The minimum requirements are set out in the Curriculum. The deanery/foundation Evidence that the foundation doctor can carry out the procedures required by the GMC Completed __/15
<table>
<thead>
<tr>
<th>Requirement</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A valid Advanced Life Support (or equivalent) certificate</strong></td>
<td>If the certificate has expired, it may be appropriate to accept evidence that the doctor has booked to attend a refresher course.</td>
</tr>
<tr>
<td><strong>Evidence of participation in systems of quality assurance and quality improvement projects</strong></td>
<td>The Curriculum requires that F2 doctors manages, analyses and presents at least one quality improvement project and uses the results to improve patient care.</td>
</tr>
<tr>
<td></td>
<td>Completion of the GMC national trainee survey.</td>
</tr>
<tr>
<td><strong>Completion of the required number of Supervised Learning Events</strong></td>
<td>Direct observation of doctor/patient interaction:</td>
</tr>
<tr>
<td></td>
<td>- Mini CEX</td>
</tr>
</tbody>
</table>
|                                                                            | - DOPS                                                                                          | miniCEX
|                                                                            | (minimum of 9 observations per year; at least 6 must be mini-CEX)                                                                        |
|                                                                            | Case-based discussion (CBD)                                                                                                                 |
|                                                                            | (minimum of 6 per year / 2 per placement)                                                   | CBD
|                                                                            | Developing the clinical teacher (minimum of 1 per year)                                                                                   |
| **An acceptable attendance record at foundation teaching sessions**       | It is recommended that postgraduate centres (or equivalent) provide a record of attendance for each F2 doctor. It has been agreed that an acceptable attendance record should typically be 70%. However, if the F2 doctor has not attended 70% of teaching sessions for good reasons, it may still be appropriate to confirm that the F2 doctor has met the required standard. If there are concerns regarding engagement or if attendance is below 50%, the FTPD/T should discuss this with the FSD. |
| **Signed probity and health declarations**                                | A separate form should be signed for F2. This is in addition to the Declaration of Fitness to Practise required by the GMC when applying for full registration. |
# F1 ARCP outcome form

**Foundation doctor:** (Auto populated)  
**GMC No:** (Auto populated)

## Foundation training:

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Clinical Supervisor</th>
<th>LEP</th>
<th>Date from (dd/mm/yy)</th>
<th>Date to (dd/mm/yy)</th>
<th>FT/PT as % FT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>(Auto populated)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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 review panel outcome (please select only one):

- **Recommended for sign off**
  - Outcome 1: Satisfactory completion of F1
  - 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

- **Not recommended for sign off**
  - Other (e.g. working LTFT, on sick leave, missed review 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:
**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)

<table>
<thead>
<tr>
<th>Name</th>
<th>Signature</th>
<th>Designation</th>
<th>Date</th>
</tr>
</thead>
</table>

*Additional comments*

Signed by foundation doctor*

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

* 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:** (Auto populated)  
**GMC No:** (Auto populated)

### Foundation training:

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Clinical Supervisor</th>
<th>LEP</th>
<th>Date from (dd/mm/yy)</th>
<th>Date to (dd/mm/yy)</th>
<th>FT/PT as % FT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>(Auto populated)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 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)  
- Other(s):  
  - (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.):
<table>
<thead>
<tr>
<th>Signed by chair of panel (FTP/T or deputy)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
</tr>
<tr>
<td>-------</td>
</tr>
</tbody>
</table>

*Additional comments*

<table>
<thead>
<tr>
<th>Signed by foundation doctor*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature</td>
</tr>
</tbody>
</table>

* 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*. 
## Reasons for doctors not assigned a satisfactory/unsatisfactory outcome (list of ‘N’ codes)

More than one reason may be selected.

**Remember:**
Most important is recording accurate reason(s) and not learning the codes!

<table>
<thead>
<tr>
<th>Reason</th>
<th>Explanatory Notes</th>
<th>‘N’ code</th>
<th>Used in specialty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than full time (LTFT) / out of phase – no concern</td>
<td>Achieving progress and the development of outcomes at the expected rate.</td>
<td>N14</td>
<td>☑</td>
</tr>
<tr>
<td>Less than full time (LTFT) / out of phase – some concern</td>
<td>May not be achieving progress or development of outcomes at the expected rate.</td>
<td>N15</td>
<td>☑</td>
</tr>
<tr>
<td>Trainee Sick Leave</td>
<td>Trainee on long term sickness or other health issues have impacted on ability to complete the year of training being reviewed.</td>
<td>N1</td>
<td>☑</td>
</tr>
<tr>
<td>Trainee Maternity/ Paternity Leave</td>
<td>Trainee cannot be reviewed whilst on maternity leave</td>
<td>N2</td>
<td>☑</td>
</tr>
<tr>
<td>Trainee Missed Review</td>
<td>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.</td>
<td>N6</td>
<td>☑</td>
</tr>
<tr>
<td>Trainee on suspension for Gross Misconduct</td>
<td>Trainee currently suspended from training either as a result of GMC Suspension or local Trust or other local disciplinary proceedings due to gross misconduct.</td>
<td>N10</td>
<td>☑</td>
</tr>
<tr>
<td>Trainee on suspension - other reason</td>
<td>Trainee currently suspended for reasons other than gross misconduct.</td>
<td>N11</td>
<td>☑</td>
</tr>
<tr>
<td>Trainee Resignation</td>
<td>The trainee has left the training programme prior to its completion. Please specify if: • Resignation: no remedial training undertaken • Resignation: received remedial training</td>
<td>N12</td>
<td>☑</td>
</tr>
<tr>
<td></td>
<td></td>
<td>N21</td>
<td>☑</td>
</tr>
<tr>
<td></td>
<td></td>
<td>N22</td>
<td>☑</td>
</tr>
<tr>
<td>Trainee dismissed</td>
<td>The trainee was dismissed prior to programme completion. Please specify if: • Dismissed: no remedial training undertaken • Dismissed: received remedial training Also whether: • Dismissed: no GMC referral • Dismissed: following GMC referral</td>
<td>N16 N17</td>
<td>☑</td>
</tr>
<tr>
<td></td>
<td></td>
<td>N18 N19</td>
<td></td>
</tr>
<tr>
<td>Other reason</td>
<td>(Please specify)</td>
<td>N13</td>
<td>☑</td>
</tr>
</tbody>
</table>

(Codes N3-N5 and N7-N9 are intentionally not included. These codes are not transferable to foundation)
**Reasons for doctors not recommended for sign-off (list of ‘U’ codes)**

More than one reason may be selected.

**Remember:**
Most important is recording accurate reason(s) and not learning the codes!

<table>
<thead>
<tr>
<th>Reason</th>
<th>Explanatory Notes</th>
<th>‘U’ code</th>
<th>Used in specialty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Record Keeping and Evidence</td>
<td>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.</td>
<td>U1</td>
<td>✓</td>
</tr>
<tr>
<td>Inadequate Experience</td>
<td>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.</td>
<td>U2</td>
<td>✓</td>
</tr>
<tr>
<td>No Engagement with Supervisor</td>
<td>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.</td>
<td>U3</td>
<td>✓</td>
</tr>
<tr>
<td>Trainer Absence</td>
<td>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 Educational Supervisor 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.</td>
<td>U4</td>
<td>✓</td>
</tr>
<tr>
<td>Trainee requires Deanery Support</td>
<td>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.</td>
<td>U7</td>
<td>✓</td>
</tr>
<tr>
<td>Other reason</td>
<td>This may include the trainee having failed to participate in systems of quality assurances and quality improvement projects. (Please specify)</td>
<td>U8</td>
<td>✓</td>
</tr>
</tbody>
</table>
| 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      | ✓                 |

(Codes U5 and U6 are intentionally not included. These codes are not transferable to foundation)
Supplementary codes for foundation doctors not subject to ARCP review (e.g. less than full-time (LTFT) / out of phase)

No ARCP review/outcome

FTPDT/T completes ARCP outcome form

Time out of FP (TOFP) (i.e. formal career break / research)
Outcome 8

Other (e.g. LTFT, on sick leave, interim ARCP review to monitor/assess progress)
‘Other’

No supplementary code required

N14 – LTFT no concern

N15 - LTFT some concern

N1 - Trainee Sick Leave

N2 - Trainee Maternity/Paternity Leave

N6 - Trainee Missed Review

N10 - Trainee Suspension (Gross Misconduct)

N11 - Trainee Suspension (Other)

N12 - Trainee Resignation

N16 - Trainee Dismissed

N13 - Other reason

N17 - Dismissed no extended/remedial training undertaken

N18 - Dismissed following extended training

N19 - Dismissed with no GMC referral

N20 - Dismissed following GMC referral

N21 - no remedial training was undertaken prior to resignation

N22 - resignation was post remedial training
Supplementary codes for foundation doctors with an unsatisfactory ARCP outcome

ARCP panel convened and e-portfolios reviewed

FTPDT/T completes ARCP outcome form

Satisfactory outcome assigned:
- Outcome 1 (F1)
- Outcome 6 (F2)

Unsatisfactory outcome assigned:
- Outcome 3, 4 or 5

No supplementary code required

U1 - Record Keeping and Evidence
U2 - Inadequate Experience (Post)
U3 - No Engagement with Supervisor
U4 - Trainer Absence
U7 - Trainee requires Deanery Support
U8 - Other reason
U9 - Inadequate attendance
U10 - Assessment / Curriculum outcomes not achieved