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**Thames Valley Local Team**

**Revalidation Information for**

**ARCP (Annual Reviews of Competence Progression) panels**

**Important Principles**

* Every doctor who is fully registered with a licence to practise needs to revalidate every 5 years, demonstrating that they are keeping up to date and practising safely.
* Resident Doctors additionally must have a revalidation recommendation made when they complete their training (CCT - Certificate of Completion of Training).
* Fulfilling the requirements of the training programme and the ARCP process acts as the equivalent to the annual medical appraisal for non-training doctors. Failure to do so can be considered as ‘non-engagement’ with revalidation and ultimately may lead to a resident doctor losing their licence.
* The GMC (General Medical Council) has recommended that resident doctors do not look outside of their training programme to obtain evidence to support revalidation. For example, resident doctors are not required to collect patient feedback if it does not already form part of the curriculum.
* All doctors will be involved at some stage in incidents and complaints – resident doctors should be reflecting on these in their e-portfolio and be aware of changes to be made to prevent further incidents. Failure to reflect and learn from such incidents should be identified through the educational system.
* As part of this educational process, there will be an ongoing assessment by the Educational and Clinical Supervisors as to whether there are any fitness to practise concerns, especially when the resident doctor is involved in incidents and complaints.
* Any fitness to practise concerns should **at any time** be escalated to the DME and Head of School and investigated either by the Trust HR department or through the relevant Trust Clinical Governance processes.
* Such concerns should also be notified to the PG Dean, as Responsible Officer (RO) of NHSE Education Thames Valley.
* An outcome 5 must be given if revalidation documentation (e.g. Form R) is not submitted by the resident doctor by the specified deadline (See also [Appendix 4](#_Appendix_4_–) for more detail).
* A resident doctor’s ARCP outcome form will be used as evidence of their engagement with revalidation and shared with their next RO. It is very important if concerns are raised that an informative and objective summary is added to the outcome form.

**Role of the ARCP panel in revalidation**

It is the Responsible Officer, who makes the revalidation recommendation. It is important to note that whilst ARCP and Revalidation are intertwined, they are not interdependent. ARCP outcomes should continue to be issued following the review of submitted evidence and are separate to the review of revalidation documentation (except if this is absent or late as above). Please see [Appendix 1](#_Appendix_1_–) for scenarios detailing the difference between ARCP outcomes and revalidation concerns.

The role of the ARCP panel in revalidation is to confirm whether there are any fitness to practise concerns which would affect the revalidation of the resident doctor, such as unresolved investigations, health or probity issues. This includes the WHOLE scope of the resident doctor’s work including locum work, voluntary medical work, etc.

**Information which is provided to the panel for revalidation**

* **Form R** (this is completed by the resident doctor electronically via TIS (Trainee Information System) - a copy will only be made available to the panel if any ongoing or new concerns have been declared.
* **Whole Scope of Practice form**. If a doctor declares on their Form R that they are working as a doctor in areas other than their training programme, they must also complete a “whole scope of practice” form. The resident doctor must have this form signed by the person supervising that work, counter-signed by their Educational Supervisor and have reflected on that work in their e-portfolio. These forms will either be provided by the programme team or may be on the e-portfolio, panels must check for these. Guidance and forms available [here](https://thamesvalley.hee.nhs.uk/resources-information/trainee-information/revalidation/form-r/).
* **Educational Supervisor’s Report** – includes a question as to whether the educational supervisor is aware of any unresolved investigations, health or probity concerns which may affect revalidation. The ES (Educational Supervisor) should also confirm that the resident doctor has reflected on any incidents in their e-portfolio.
* **Incident Reports (for serious incidents, formal complaints).** Trusts should complete an Incident Reporting Form with details of any incidents or complaints. They will already have informed the RO if there are any ongoing fitness to practise concerns about the resident doctor. The reasons for the panel to see this information are to ensure that the Resident Doctors has reflected and learned from any such incidents as part of the educational process, and to be aware of any investigations that are still open.
* **OOP (Out of Programme) Forms.** For those resident doctors who have been out of programme during the review period of the ARCP it is important to ensure that they have provided suitable evidence to support revalidation. Further information can be found in [Appendix](#_Appendix_2_-) 2.

**The key tasks for the panel are**

* To review any involvement in incidents and complaints and ensure sufficient reflection and learning has taken place.
* To review the whole scope of practice and ensure sufficient evidence is recorded.
* To consider whether the panel is aware of any fitness to practise concerns which could affect revalidation.
* To state clearly on the outcome form if there are any ongoing investigations or other known concerns which may impact on a resident doctor’s fitness to practise.
* To complete:

1. ARCP Revalidation checklist, [Appendix](#_Appendix_3_–) 3
2. Revalidation section on ARCP Outcome Form

* It is not the responsibility of the panel to make a recommendation for revalidation – this rests with the RO.

**If there are concerns at any time about Fitness to Practise**

Any fitness to practise concerns should **at any time** be escalated to the DME and Head of School and investigated either by the Trust HR department or the relevant Trust Clinical Governance process. Such concerns should additionally be reported to the Postgraduate Dean in their capacity as Responsible Officer (e-mail, [england.revalidation.tv@nhs.net)](mailto:england.revalidation.tv@nhs.net) A discussion is welcomed if you are not sure whether or not there is a fitness to practise concern.

# **Appendix 1 – How Does Revalidation Differ from ARCP Outcomes?**

**Making the distinction between the training outcome and the revalidation outcome**

The examples below are given to assist resident doctors and ARCP panels (and particularly panel chairs), in recognising the differences between problems that affect the training outcome and potential/actual fitness to practise concerns. Resident doctors should be reassured that the vast majority of issues that may affect their ARCP outcome will not prevent the RO from making a revalidation recommendation. The examples below are not exhaustive but are given to illustrate the differences involved.

*These scenarios are* *largely taken from the Yorkshire and Humber Deanery website with grateful thanks.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Example of issues | ARCP Outcome | Cause for Concern | Comment | Responsible Officer (RO) actions |
| 1. Resident doctor failing to pass exams in core training despite being offered support and remediation | 4 | No | There is no reason why this resident doctor should not work as a doctor in other roles, although they should be referred to the PSWS for discussion about career options | Can be recommended for revalidation |
| 2. Surgical resident doctor having difficulty mastering a particular technique | 2 | No | Provided the resident doctor is being properly supervised and there are no clinical governance issues or other fitness to practise concerns. | Can be recommended for revalidation |
| 3. There have been two patient complaints during the year about rude behaviour by the resident doctor.  The educational supervisor has discussed these in detail with the resident doctor.  A plan of action has been agreed and documented in the e-portfolio and there have been no further problems in the last few months. | 1 | No | Potential causes of concern have been properly identified, dealt with and resolved and there is clear documentation with appropriate reflection in the e-portfolio. | Can be recommended for revalidation |
| 4. There have been repeated concerns about difficult behaviour with staff and patients.  Failing to work adequately as part of a team; issues still ongoing despite interventions so far and an apparent lack of insight. | 3 | Yes | These issues will need to be investigated by the employing organisation with evidence and updates provided to the RO. However, unless these can be resolved not only is completion of training at risk but a referral to the GMC may be required. | This situation will be monitored by the RO. The GMC may need to be involved; RO would informally discuss with the GMC Employer Liaison Adviser (ELA). |
| 5. Resident doctor in scenario (4) makes progress and no further problems were recorded in the following year. | 1 | No |  | Can be recommended for revalidation |
| 6. Never event involving a resident doctor marking a wrong limb is being investigated as a Patient Safety Incident at the time of ARCP.  There have been no other issues at all concerning this trainee. | 1 | Yes | The employing organisation will need to complete the investigation and inform the RO of the outcome. | If this occurs when a recommendation is due, it would require a deferral of revalidation until the investigation is complete. This situation will be monitored by the RO. The GMC may need to be involved; RO would discuss with the GMC ELA. |
| 7. Resident doctor in (6) is found to have had some personal fault but there were wider system errors.  It has been fully discussed in year with the educational supervisor and documented through the e-portfolio.  There have been no further events. | 1 | No | The employing organisation would discuss with their GMC ELA and the RO during their own investigation although it may not lead to a GMC referral. | This should be discussed informally between the RO and GMC ELA as to whether a referral is warranted. |
| 8. Resident doctor has been referred to the GMC for having inappropriate sexual relations with two patients during a previous training programme.  The Specialty have no current concerns and the GMC interim panel has not suspended the doctor. | 1 | Panel may say No as may be unaware of the GMC referral, so long as they have no OTHER concerns | The ARCP panel may not be informed of all GMC referrals/investigations, especially ones that occurred during a previous programme. The panel is only responsible for stating that there are no concerns to their knowledge currently. | The RO will be aware of the previous referral via the GMC and will be monitoring the situation and discussing with the GMC ELA. Revalidation is **on hold** during a GMC investigation. |
| 9. Resident doctor in (8) is suspended for 12 months by an Interim Orders panel of the GMC with hearings every 6 months, until completion of a GMC investigation | 3 | Yes | The resident doctor would generally remain on the training programme but would not be able to work clinically whilst subject to an interim suspension. | The RO will be aware of the referral via the GMC and will be monitoring the situation and discussing with the GMC ELA. Revalidation is **on hold** during a GMC investigation |
| 10. Resident doctor in (8) is suspended from the medical register for one year by a Fitness to Practise panel of the GMC. | 4 | Yes | A resident doctor without current registration with the GMC cannot normally remain on the training programme or in employment. | Revalidation would not take place as the doctor has no licence to practise (as no registration). In most cases the resident doctor would be removed from the training programme and no longer have a connection to NHSE Education Thames Valley for revalidation. |
| 11. A patient safety incident has occurred, and the police are involved in a manslaughter investigation.  There have been no other concerns about training until this episode. | 3 | Yes | Resident doctor must be presumed to be not guilty until proved otherwise but the GMC would need to be informed if they have or may be charged by the police. However, it is inevitable they will need more time for training. The resident doctor may be suspended by the Trust and/or the GMC pending investigation by the Trust / Police | The RO will be aware of the referral to the GMC and will be monitoring the situation and discussing with the GMC ELA. Revalidation is **on hold** during a GMC investigation. |
| 12. A Resident Doctor has completed training and is at CCT date, with no previous concerns. However, there is an outstanding patient safety incident investigation at the Trust | 6 | Yes | Award of ARCP outcome 6 can proceed with application for entry onto the Specialist Register (and taking up a Consultant post). | Revalidation recommendation will need to be deferred until the investigation is complete. The next RO will need to be briefed on the concerns via the Medical Transfer of Information form (MPIT) so that they can review once the investigation is complete and make the appropriate recommendation. |
| 13. Resident doctor involved in a conduct investigation at the Trust following an outburst on the ward. However, the resident doctor is leaving the training programme to take up a post in a training programme in a different specialty. | 3 | Yes | Specialty decides that further training time would be required if the resident doctor was remaining in this specialty. However, as they are leaving the programme, this will not be taken up. This needs to be documented on the outcome form. | If revalidation due, the recommendation will be deferred until the investigation is complete. In any case the current RO will need to brief the next RO on the concerns via a Medical Transfer of Information form (MPIT). |
| 14. Resident doctor has failed to submit their Form R by the specified deadline | 5 | No | This is a lack of evidence, and an Outcome 5 will be issued. Once the form has been completed and submitted the appropriate outcome can be awarded. | The RO will write to the resident doctor to remind them of the importance of engaging with revalidation. If the recommendation is due it will be deferred until evidence provided. Repeated failure to provide evidence for ARCP will be considered failure to engage in revalidation and the doctor could be putting their licence at risk (See also Appendix 4). |

# **Appendix 2 - OOP guidance**

**Revalidation Guidance for Resident Doctors on Out of Programme (OOP)**

All doctors now must revalidate at 5 yearly intervals and, for resident doctors**,** againat the point of award of CCT. This clock is generally not influenced by periods of OOP. The only time that this may change is if you are having a career break at the time of revalidation and have not been able to collect any evidence. In this case the responsible officer may need to defer their recommendation until you resume practice.

You therefore need to continue to collect cumulative evidence to support your revalidation and all aspectsof your practice as a doctor must be accounted for. Depending on the type of work you are doing while out of programme, you may need to collect different, and possibly more, evidence than for the usual ARCP.

**Your ARCP date will be set in advance as usual and you will** **be required to** **submit evidence as requested by your Training Programme Director.**

You must retain your licence to practise and registration when out of programme even if you are overseas.

**For Resident Doctors in ALL types of OOP**

The Postgraduate Dean will remain as your Responsible Officer (RO) while you are OOP and your prescribed connection stays with NHSE Education Thames Valley. While you are away you will need to do the following, on at least an annual basis:

* Engage with and complete the requirements of any training component of work you are undertaking, including provision of a Supervisor’s Report, completion of online portfolios and any workplace-based assessments as specified by your specialty. This continues during any work overseas.
* Engage in, and provide documentary evidence of involvement with, the appraisal or review process in your host organisation, and retain any paperwork for submission to the ARCP panel. For example, if you are doing an OOPE (Out of Programme for Clinical Experience) in a different specialty.
* Complete the Form R, listing any wider work that you perform, and answering the revalidation declaration about any incidents, complaints, health and probity in readiness for revalidation.
* Complete a Whole Scope of Practice form if relevant, detailing your entire scope of practice including locum and other wider work as a doctor which is NOT part of your training programme. Provide evidence that you are satisfying the GMC domains across that scope of practice. This form must be signed by the person who is supervising that work as well as your Educational Supervisor.
* Complete an annual OOP return, this will be sent to you by your Programme Manager.
* Where applicable, engage with any Supported Return to Training initiatives run by your school or local office prior to leaving, during, and upon your return to training.

For extra requirements in individual OOP types please see details over the page:

**Out of Programme for Research (OOPR)**

Your School (in conjunction with the GMC) will have decided in advance whether or not you can count some of your research time towards your certificate of completion of training (CCT), but the evidence required for revalidation will not change.

**In addition to all the generic evidence** you need to provide to the ARCP panel, as described above, you will need to do the following:

* Be aware of and abide by the GMC Guidance on Good Practice in Research: <https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/good-practice-in-research/good-practice-in-research>
* Submit a completed academic supervisor’s report for each period/post of research.
* If you are also carrying out clinical work, you will also need to provide a Clinical or Educational Supervisor’s report through your e-portfolio or on paper.

**Out of Programme Pause (OOPP)**

During your OOPP you should keep a clear record of your experience and reflections via a logbook. This is a key component and evidence base required for the gap analysis process required on your return to training.

You must complete an appraisal with the employing organisation covering the OOPP role. Contact the appraisal/revalidation team in the organisation early on to get this arranged.

**Out of Programme for Career Break (OOPC)**

For periods of OOPC you will need to:

* Keep an accurate record of any clinical work you undertake whilst you are not working in your training programme, including any assessments or appraisals. Please note that any clinical or other paid work should have been agreed in advance as part of your OOP Application.
* Keep an accurate record of any educational events that you are involved with; for example, attending training days and record this in your portfolio.
* If you do not undertake any medical work at all during your period of OOPC, then the RO may recommend a deferral of your revalidation date.

More detailed guidance on the OOP Application process can be found on our [webpages](https://thamesvalley.hee.nhs.uk/resources-information/trainee-information/training-options/out-of-programme-oop/).

# **Appendix 3 – ARCP Revalidation Checklist**



# **Appendix 4 – Failure to** **submit Form R within the specified deadline**

**(extract from Gold Guide 10th Edition)**

4.126 When a postgraduate doctor in training is unable to submit a completed Form R or SOAR that reflects their full scope of practice since their last review, they are issued with an Outcome 5 and given two weeks to remedy the situation. In addition, they should normally be called to a support meeting with their Postgraduate Dean/RO or their nominated deputy to discuss the reasons for non-submission and to clarify next steps if the situation is not rectified.

4.127 If a postgraduate doctor in training submits or resubmits a completed Form R or SOAR within the two-week timeframe, they receive an ARCP outcome appropriate for their educational progression and alignment with the GMC’s standards in Good Medical Practice.

4.128 If the postgraduate doctor in training is still unable to submit a satisfactorily completed Form R or SOAR after two weeks and this is the first time that this situation has arisen in the training programme, for foundation, core, specialty and general practice training, an Outcome 2 (not applicable in foundation), 3 or 4 will be issued (according to training progression). A note is made on the record of the postgraduate doctor in training that they did not submit a completed Form R or SOAR. An Outcome 1 or 6 is not awarded, even if there are no training progression concerns.

4.129 For postgraduate doctors in training who do not submit a completed Form R or SOAR after an Outcome 5 is issued and a support meeting offered, and for whom this is a repeated situation, the process of referral to the GMC for non-engagement with revalidation should be commenced.

4.130 Should the postgraduate doctor in training subsequently provide the completed Form R or SOAR, then the appropriate ARCP outcome for progression can be awarded.