

# External Advisors Handbook

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## Section 1:

### Background

The GMC's quality assurance framework (QAF) requires Deanery/HEE regions to ensure external scrutiny of the quality management (QM) process. At specialty levels, such advice will normally come from the Medical Royal College's and Faculties. The QAF acknowledges that as part of their quality management (QM) activity Deans "in conjunction with the Medical Royal Colleges and the Faculties may need to carry out a form of local visiting with the guide of providing educational training opportunities". Indeed, visits "should include expertise external to the programme being reviewed."

This handbook has been developed by the JRCPTB and incorporates Academy of Medical Royal Colleges agreed minimum requirements for Colleges and Faculties in relation to Assessors which has been adopted by the GMC. . This handbook provides External Advisors with information on the delivery of externality for ARCPs and Deanery/HEE visits for all higher medical training specialties, sub specialties and the Core Medical Training programmes.

The main activities requiring specialist externality advice are Annual Reviews of Competence Progression (ARCPs), Penultimate Year Assessments (PYAs), specialty programme reviews and Deanery/HEE Local Education Provider (LEP) monitoring or targeted visits. A glossary providing further information on these activities can be found in Appendix 7.

### The GMC's quality assurance framework

The GMC sets the standards and outcomes for postgraduate medical education and training from undergraduate education at medical schools to postgraduate education. It does this by: establishing and overseeing standards and outcomes in medical education and training through five core elements:

1. Promoting excellence
2. Excellence by design
3. Generic Professional Capabilities framework
4. Outcomes for graduates
5. Outcomes for provisionally registered doctors with a licence to practise

The delivery, assessment and evaluation of specialty training is defined by the [GMC Quality Assurance Framework \(QAF\)](#) Under : Promoting excellence: standards for medical education and training which sets out ten standards which the GMC expect organisations responsible for educating and training medical students and doctors in the UK to meet. [The GMC standards and requirements are organised around five themes with patient safety as the first priority.](#)

- Learning environment and culture
- Educational governance and leadership
- Supporting learners
- Supporting educators
- Developing and implementing curricula and assessments

However the day-to-day management (including responsibility for the quality management of specialty training programmes) rests with the Postgraduate Deans who implement a range of models to manage their specialty training programmes. The models will vary but will rely on senior doctors involved in training and managing training in the specialty providing advice and programme management. Whichever model is used, these structures will seek advice and input from the relevant College/Faculty and their delegated representatives on specialty training issues, including such areas as curriculum delivery, the local content of programmes, assessments of trainees, remedial training requirements, and the recognition and training of trainers.

## The role of the External Advisor

The role of the External Advisor (EA) is to provide expert impartial advice and scrutiny of all processes of delivery, assessment and evaluation of specialty training according to the GMC Quality Assurance Framework (QAF). The QAF advises that the host Deanery/HEE Local Office must be able to confirm the independence of EAs. External Advisors are independent members of ARCP panels and the Specialty Advisory Committee representative who meets with trainees undertaking PYAs to review the trainee's progress against the requirements of the trainee's specialty curriculum to identify outstanding areas as targets that must be met in full prior to completion of training. Following the completion of the scheduled ARCPs/PYAs, the EA writes a report focusing on the following areas: decision making, quality of evidence, curriculum delivery, PYA targets (if applicable) and rates the process they observed.

EAs should not use their position to undermine Deanery/HEE processes in an open forum. They need to be aware also that External Advisor reports (Appendix 1, p.16) will be widely circulated, and that the JRCPTB and its parent Colleges may be held responsible for the consequences of the report. Any perceived sensitive issues should always first be shared with the Postgraduate Dean and Head of School. If the issue remains of concern, it should be discussed with the Executive Medical Director, Dr Mike Jones, [Mike.Jones@jrcptb.org.uk](mailto:Mike.Jones@jrcptb.org.uk).

## How do I log into eportfolio?

The External Advisor **must log in using the Physician External Advisor role** and search for the scheduled trainees by name or GMC number using the search facility. External Advisors should log into eportfolio to create the PYA form for each trainee they will be reviewing approximately two weeks before the PYA date. If there are any difficulties encountered in creating the PYA form or reviewing the trainee's eportfolio(s), please contact [QualityManagement@jrcptb.org.uk](mailto:QualityManagement@jrcptb.org.uk)

## Section 2:

### Annual Review of Competence Progression (ARCP)

The reference guide for Postgraduate Specialty Training in the UK (The Gold Guide) sets out the arrangements agreed by the four UK health departments for specialty training programmes and is maintained by the Confederation of Postgraduate Medical Education Deans (COPMeD) on behalf of the four UK health departments. These arrangements include the provision of a formal ARCP process to assess trainee progress towards demonstrating the knowledge, skills and behaviours for the year of training through the collection of evidence as defined by the relevant specialty curriculum and the curriculum's decision aid. An ARCP panel is convened by Health Education England (HEE), NHS Education for Scotland (NES), the Wales Deanery or The Northern Ireland Medical and Dental Training Agency (NIMDTA) to consider and approve the adequacy of the evidence provided by the trainee.

Where more than one specialty is being assessed as part of an ARCP panel, eg. dual or sub-specialty training or an integrated academic programme, the panel will include specialist/sub-specialist/academic input. **The panel should have input from lay member and an External Advisor who should review at least a random 10% of the outcomes and evidence supporting these and any recommendations from the panel about concerns over performance.** For dual training or main specialty and sub-specialty training, the GMC requires a separate outcome per specialty and sub-specialty.

The ARCP process is not an assessment of the trainee in and of itself but it is an assessment of the documented and submitted evidence that is presented by the trainee. As such, the trainee does not need to attend the panel.

However, HEE, NES, the Wales Deanery and NIMDTA may wish to have trainees present on the day to meet with the panel after its discussion of the evidence and agreement as to the outcome(s).

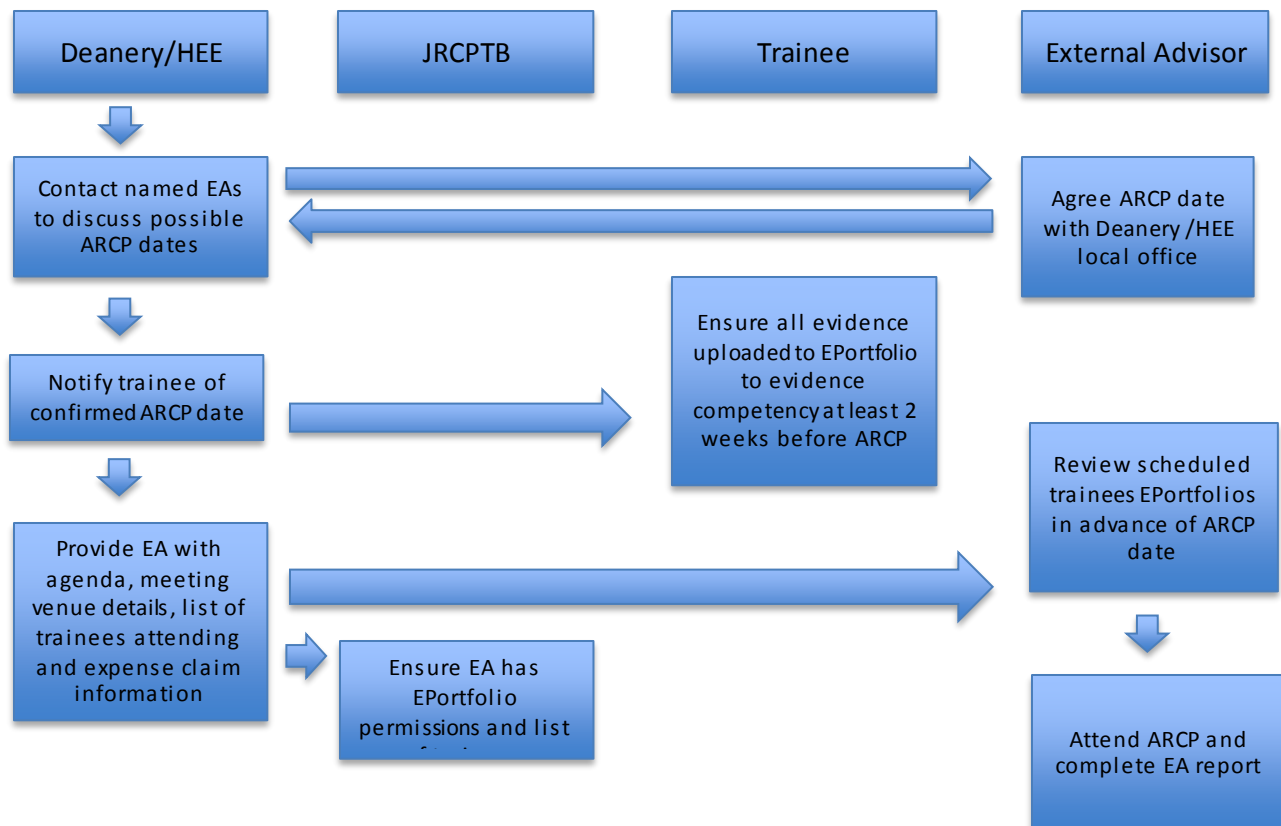
The panel should consist of at least three panel members appointed by the training committee or an equivalent group, of which one must be either the Postgraduate Dean or their nominated deputy, the Head of School or a Training Programme Director. Other appropriate panel members could be the Chair of the Specialty Training Committee, Educational Supervisors (ES), Lay Representative and Associate Directors/Deans. The panel could also have a representative from an employing organisation to enable employers to be assured that the trainees they employ are robustly assessed and are safe to deliver care in their service. Where the Training Programme Director, Educational Supervisor or Academic Educational Supervisor has indicated that there may be a non-standard outcome through the ARCP process (Outcomes 2, 3 or 4), the trainee will be informed of the possible outcome prior to the panel meeting. After the panel has considered the evidence and made its judgement, if a non-standard outcome is recommended, the trainee **MUST** meet with either the ARCP panel or a senior educator involved in their training programme at the earliest opportunity.

The ARCP provides advice to the Postgraduate Dean, in their role as Responsible Officer, about revalidation of the trainee to enable the Responsible Officer to make a recommendation to the GMC. It is applicable to:

- all specialty trainees (including general practice trainees, those in core training, those in less than full-time (LTFT) training and trainees in academic programmes) whose performance through a specialty training programme must be assessed to evaluate progression.
- trainees in combined academic/clinical programmes (e.g. those in academic clinical fellowships, clinical lectureships or clinician scientist appointments)
- trainees who are out of programme (OOP) with the agreement of the Postgraduate Dean
- trainees who resign from a programme. Such trainees will have their progress up to their resignation date reviewed by an ARCP panel (unless resignation is within 3 months of the last ARCP). The ARCP panel should document any relevant competences that have been achieved by the trainee (by linking a comment at the end of the ARCP document); with outcome 0 awarded, and the N21 or N22 code utilised..

All trainees (including (LTFT) should have at least one ARCP outcome (not including outcome 5) recorded within a maximum interval of 15 months to facilitate revalidation.

### The ARCP process



All evidence must be uploaded to the trainee's eportfolios **at least TWO WEEKS before the ARCP panel date**. The [JRCPTB's Pre-ARCP checklist](#) provides guidance to Educational Supervisors and trainees on the documentation required.

EAs should participate in the ARCP process but they are not expected to attend every ARCP. It may be possible to undertake some of the outcome reviews remotely but this should be combined with sufficient direct contact to enable the EA to comment authoritatively on the processes of delivery, assessment and evaluation of the specialty training. The EA should ensure that the ARCP process is consistent and appropriate for the specialty.

The EA may provide advice to the ARCP panel on decision outcomes when non-standard outcomes are discussed, and contribute to the advice given to individual trainees. EAs would not be expected to report on individual trainees, although following their discussions with trainees they may report back on specific issues relevant to the programme. ARCP outcomes should be awarded where the following applies:

Completion of curriculum competencies	Pass in relevant exam	ARCP outcome
Yes	Yes	1 or 6 (6 issued if final ARCP)
Yes	No (pre extension of training)	3
Yes	No (post extension of training)	4*
No	Yes (pre extension of training)	3
No	Yes (post extension of training)	4**
No	No	4**

\* with statement that all competencies achieved except pass in exam

\*\*with statement of competencies not achieved

## Outcome 5

### Outcome 2/3 versus Outcome 5

Outcome 5s should only be issued when a trainee fails to produce documentation or evidence that already exists but for whatever reason has not made this available to the panel. If by the date of the panel, a Workplace Based Assessment (WPBA) or course has been completed but the trainee has merely failed to include evidence of this in the portfolio then an outcome 5 can be issued and the trainee be given a limited period of time to produce this. The limited period of time should not exceed the trainee's changeover date. **JRCPTB does not mandate, and does not support, giving an outcome 5 if the training period end date on the Educational Supervisors Report is the date the report was completed.**

If, however the evidence does not exist, i.e. the task has not yet been done, trainees should not be given the extra time allowed by an outcome 5 to complete this. If, by the date of the panel, a WPBA or a course or any other mandatory documentation has not yet been completed or an examination has not yet been sat \* then the trainee has failed to produce the mandatory evidence required to achieve a standard outcome ARCP. They should therefore be issued with an outcome 2 or 3 with SMART (Specific, Measurable, Achievable, Realistic, Timebound) objectives to complete the missing WPBAs/meet the missing competencies. The trainee should remain on this outcome until their next assessment whether this is 3 months, 6 months or 1 year (this period of time should be determined by the ARCP panel). Where panels do not see the trainee and are therefore unable to determine whether evidence has been collected or not, the following principles should be observed:

\* Outcome 5 can be issued where a trainee has applied to sit the summer PACES examination but not yet sat the exam at the time of the ARCP.

- Where other evidence in the portfolio indicates concerns with progress or there is evidence of inadequate engagement despite feedback then outcome 2 (or 3 where appropriate) should be issued. If an outcome 2 is recommended, the timescale for this should be agreed with the trainee and SMART objectives agreed.

When trainees are awaiting examination results, an Outcome 5 should only be issued where the result will be known within the limited time allowed. Outside of this window, trainees who are awaiting examination results should be issued with an outcome 2 (or 3 if additional training time is required). If successful in the examination an outcome 1 can be issued in absentia at a later date. If unsuccessful in the exam, the trainee should be reassessed in the next assessment window.

Outcome 5 should also be recommended as a consequence of failure to submit Form R. Trainees must be reminded that persistent failure to submit a Form R may result in referral to the GMC for non-engagement with the revalidation process.

The outcome 5 information above is general JRCPTB guidance and outside the scope of the Gold Guide. **All ARCP outcomes given remain the responsibility, at all times, of the Postgraduate Dean.**

### Long-term sick leave

If a trainee is on long-term sick leave their training clock should be paused and they should not be assessed until they have returned to the training programme full-time. Outcome 0 must be given and code N1 recorded. The GMC form for trainees who are not assessed must be completed and the reasons for this documented.

### 5. Less Than Full Time trainees (LTFT)

The GMC requires that all LTFT trainees attend an annual review and an outcome be issued. The ARCP form should clearly document the period under review, i.e. 6 months/8 months etc. Should an extension to training be required following the award of Outcome 3, this will be on a pro rata basis if training requirements for progression have not been met. If an extension is required because the LTFT trainee has failed to progress solely on the basis of exam failure, then an extension to training will be on a fixed-term basis and is not pro rata.

## Academic/clinical trainees

The ARCP decision should always be made in accordance with the Gold Guide. The academic supervisor should be required to submit the completed Report on Academic Progress form, along with the trainee's supporting documentation from the academic assessment, for review by the panel. The trainee must also submit evidence of clinical achievement as per the process defined in the 'Gold Guide'. The clinical educational supervisor's report must indicate the 'pro-rata' rate of acquisition of clinical competences has been satisfactory, given the time commitment available for clinical training. The trainee should not attend the joint ARCP panel unless there are concerns about either or both clinical and academic progress. Plans for academic trainees to meet with the panel should only be made if the Training Programme Director or the academic supervisor indicates that there may be insufficient academic progress or a non-standard clinical outcome (Outcomes 2, 3 or 4) or both. If the panel recommends focused training on the acquisition of specific clinical competencies (Outcome 2) then the timescale for this should be agreed with the trainee. If additional remedial training is required (Outcome 3) then the panel should indicate the intended outcome and proposed timescale. Although the panel is assessing both clinical and academic outcomes, if sufficient academic progress has not been achieved the trainee should not be given an outcome 2 or 3. There may however be consideration as to whether the trainee remains on the academic programme or whether they should return to the clinical training programme. A final decision regarding this can only be made in consultation with the trainee, the academic supervisor and the Director of the academic programme. The outcome recommended and the academic report should be attached to the outcome document and sent to the Postgraduate Dean, trainee and their academic supervisor. Additional information can be found in the appendix section.

Appendix 5: Academic Clinical Fellows (ACFs)

Appendix 6: Clinical Lecturers (CLs) and Clinical Scientist Fellows (CSFs)

## ARCP Appeals

The trainee may request a review or appeal within 10 working days of receiving written notification of their ARCP outcome. Deaneries/HEE Local Offices will have local processes for managing the ARCP review or appeal process.

## Section 3

### The Penultimate Year Assessment (PYA)

#### Introduction

The PYA is unique to physician training and is an advisory process that involves a meeting between a senior trainer in your specialty (external to the trainee's region) and the trainee to identify any gaps or deficiencies in their training that can be rectified during the final year of their training.

#### When should it take place?

The PYA should take place 12-18 months prior to completion of training in which a trainee's progress is reviewed against that curriculum so far. If trainees are seeking dual Certificate of Completion of Training (CCT) they will need to have a PYA for both of the specialties they are training in. If, for any reason, the final CCT date is more than 24 months after the date of the PYA, eg taking time out of programme, then the trainee must have a second PYA and progress assessed against the current curriculum.

#### What is required?

The External Advisor must review the trainee's progress against the current curriculum requirements by reviewing the evidence uploaded in support of curriculum competency, including Specialty Certificate Examination (SCE pass) and the Educational Supervisors reports on the trainee's eportfolio in advance of the PYA date. Where possible, time should be allocated for the External Advisor to have a private one to one conversation with the trainee regarding their training on the day. Following the private conversation, the trainee and the External Advisor may then be involved in a panel discussion.

Competencies that remain outstanding, including SCE at the time of the PYA are identified and recorded as mandatory requirements (must be achieved) or recommendations to ensure the requirements of the curriculum are met in full. PYAs are required for all trainees in a medical specialty or sub specialty.



## How long should a PYA take?

The review of portfolio evidence in advance should take approximately 20 minutes per trainee. The PYA should take approximately 40-45 minutes per trainee to complete and the timetable for the day should reflect this.

## What is the deadline for finalising PYAs on eportfolio?

The PYA(s) must be finalised no later than 10 working days following the date the PYA was conducted.

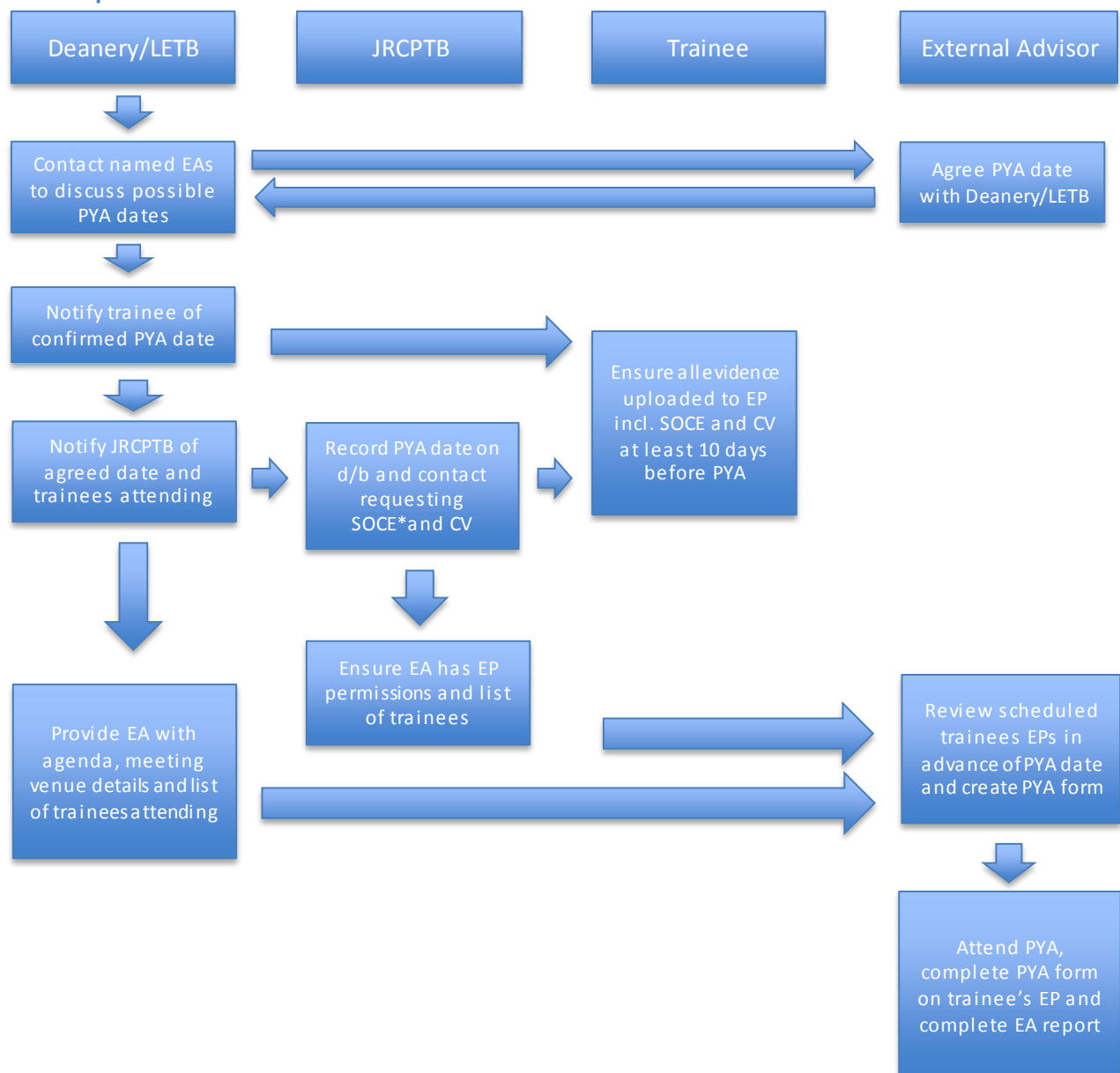
## Out of Programme (OOP)

Out of programme credits that have not previously been counted by the trainee can be discussed at the PYA. Competencies gained whilst OOP may mean that an earlier CCT or CESR (CP) date can be agreed. [JRCPTB advice to SACs on completing training earlier than the original date](#) should be reviewed to ensure the advice has been complied with.

## Second PYAs

If for any reason a trainee's final CCT date is more than 24 months after their PYA, [JRCPTB policy](#) is that a second PYA must be undertaken, which will consider the trainee's training in line with the current curriculum and transitional guidance extant at the time of the second PYA. This PYA may be 'virtual' and "light touch as is consistent with patient safety" (where the EA reviews the e-Portfolio and discusses the trainee's training and performance with their local specialty TPD without the trainee's attendance, however the trainee can request a face to face meeting especially if there are any concerns about training).

## The PYA process



Deanery/HEE Local Offices are responsible for arranging the PYA venue and the arrangements for the day.

\* SOCE: Summary of Clinical Experience and Curriculum Vitae

### Checklist for External Advisors completing a PYA

External Advisors should take account of the following areas when completing a PYA:

- Has the trainee transferred (if required in line with transitional guidance) to the most current specialty curriculum as this is what the PYA will be assessed against?
- Has the relevant mandatory knowledge based assessment such as Specialty Certificate Examination (SCE) been passed?
- Have reports from supervisors been reviewed?
- Have all of the questions in the PYA form been answered?
- Where 'No' has been answered, has an appropriate target (mandatory or recommended) been set with reference to the specialty curriculum or ARCP Decision Aid?
- Is clear eportfolio evidence available, such as a table of the trainee's posts undertaken, (including start and end dates) absence exceeding 14 days\* (when a trainee would normally be at work) and appropriate evidence of [agreement to accelerate CCT \(if applicable\)](#) to enable understanding and agreement on how the final CCT date has been calculated?
- Has the trainee's final CCT date been calculated, set and recorded on the PYA form?
- Have two separate PYAs (one for each specialty) been undertaken where trainees are seeking dual Certificate of Completion of Training (CCT)?

#### Acute (Internal) Medicine trainees:

- A(I)M trainees need to complete six months of training within an acute medical unit led by an acute physician in their final year. Has this been planned and a mandatory target set?

#### CPD on line diary targets:

- Registration with the CPD Diary should be a **recommendation only**. The reason for this is that many platforms, (for which the JRCPTB CPD Diary is one) exist for recording CPD.

All parties in attendance should be clear on the targets set and the final CCT date and the reasons for setting these.

All PYAs should wherever possible, be conducted on line, in real time.

**When the PYA form has been completed, click the Save button at the end of the form. If the draft form option has been activated, this must be unticked in order for the PYA report to appear on the trainee's eportfolio.**

\* See 4Q (page 4) [GMC position statement on Time out of Training – November 2012](#)

## Expenses Claims procedures

The responsibility for payment of EA expenses differs depending on the process. The table below provides information on the payment of expenses:

Process	Who pays	Reimbursement process
ARCPs	Deanery/HEE Local Office where ARCPs took place	Deanery/HEE Local Office forms to be completed with expense receipts submitted to Deanery/LETB/Local Office
PYAs	JRCPTB via the Royal College of Physicians expenses payments system	<a href="#">On-line expenses claim process</a> with upload of expense receipts required
ARCPs and PYAs	Deanery/HEE Local Office where ARCPs/PYAs took place	Deanery/HEE Local Office forms to be completed with expense receipts submitted to Deanery/HEE Local Office

For EAs that have not previously registered using the on-line expenses payments system, steps are set out below:

1. [Register for an account](#) by clicking the 'Create an account' button at the bottom of the page. This will prompt you to enter your information, including bank details so that a direct transfer can be made.
2. You will receive an email shortly after registering from our Finance Department confirming that your account has been activated after which, you can complete your claim. Please note when completing your claim:
  - The 'Event type' will be General Expenses.
  - You will not need to enter any cost codes as this will be completed by JRCPTB.
3. You will be prompted to add your receipts as an attachment to your claim (using the "attach" button in the top left hand corner of the screen).

## External Advisor retirements

Deaneries/HEE Local Offices MUST only contact and agree dates with named EAs as defined by the agreed externality arrangements. The list of named External Advisors and their regions of responsibility are agreed at each Specialty Advisory Committee meeting. If, as External Advisor you are stepping down from the role, please email [QualityManagement@jrcptb.org.uk](mailto:QualityManagement@jrcptb.org.uk) to advise us of this, along with your replacement.

## PYA appeals

In most cases, trainees will be in agreement with the PYA process and the requirements recorded; however trainees have a right of appeal where they are dissatisfied with the outcome of the PYA. The appeal process is as follows:

1. A trainee has the right to appeal the outcome of the PYA within 10 working days of notification of the PYA in their eportfolio.
2. Appeal applications must be emailed to [QualityManagement@jrcptb.org.uk](mailto:QualityManagement@jrcptb.org.uk) stating the grounds for appeal and providing any supporting evidence relevant to the PYA decision.
3. The Quality Management Team will request SAC members and the JRCPTB Deputy Medical Director individually to consider the grounds for the appeal and any evidence presented in support of the appeal.
4. The SAC members and the JRCPTB Deputy Medical Director shall consider the appeal and any evidence presented in support of the appeal and advise the Quality Management Team of their decision within 5 working days of the request.
5. Where those consulted are evenly split in terms of their decision, the JRCPTB Medical Directors decision will be final.
6. The Quality Management Team will immediately convey the final decision to the following parties:
  - The trainee
  - The regional Training Programme Director for the specialty
  - The regional Postgraduate Dean
  - The regional Head of School for Medicine

## Section 4:

### Programme / Local Education Provider visits

Deaneries/Health Education England are responsible for specialty visits within their regions and may invite EAs to accompany them to routine Deanery/HEE monitoring visits to LEPs. The Deanery/HEE will determine which specialty programmes will be the focus of their visit, and then invite appropriate advisors to provide specialty input into the visit as part of the visiting team. The EA should be a signatory to the visit report and a copy of the final version of the report should be sent to the JRCPTB Quality Management Team for their records.

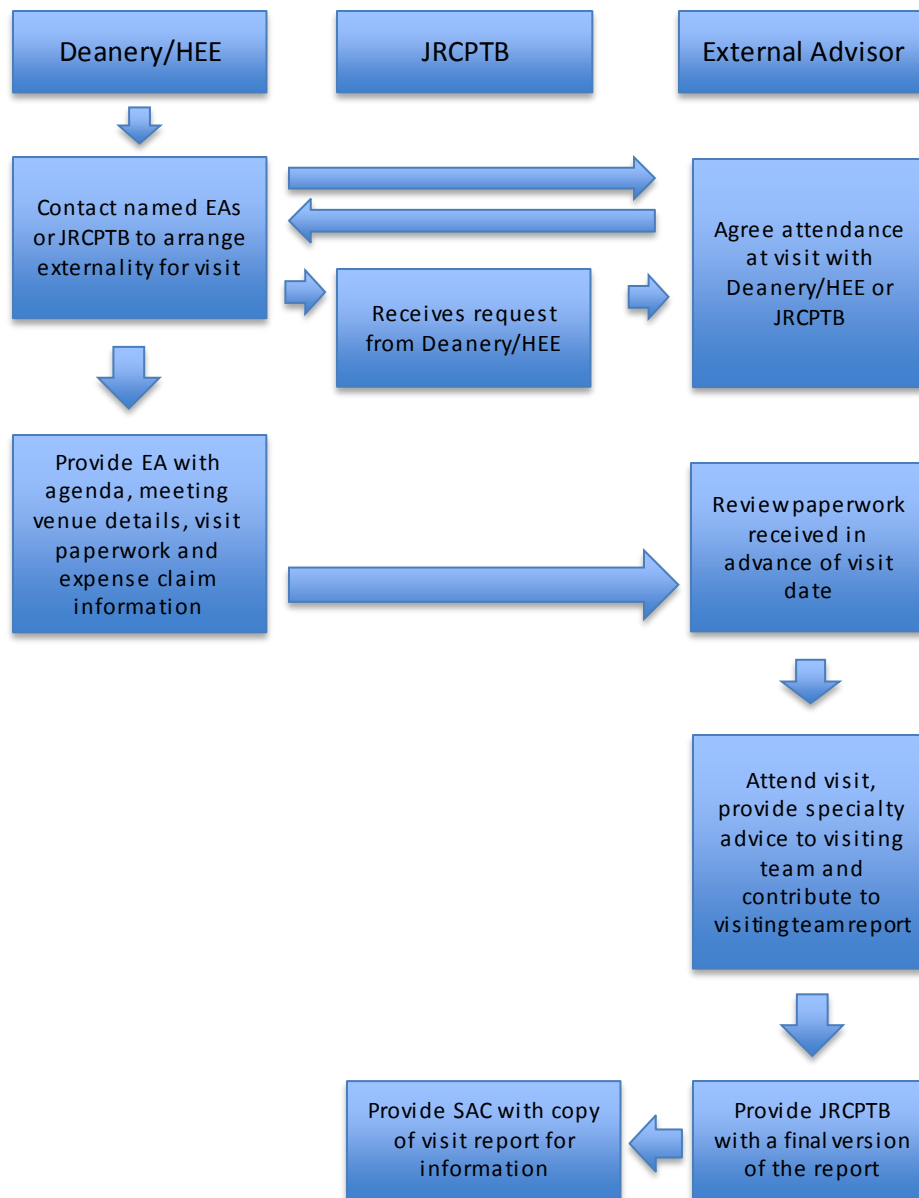
It is not expected that an EA will attend every Deanery/HEE led visit or that an individual EA will be invited to join a specialty visit every year.

### Local Education Provider (LEP) targeted visits

When serious training problems have been identified or are suspected, specialist external input is mandatory. If the Deanery/HEE does not feel that the usual EA allocated to the programme is appropriate for the visit they may seek an alternative and SAC Chairs would be pleased to advise.

**All requests for External Advisor participation in specialty LEP visits MUST be recorded centrally by the JRCPTB's Quality Management Team. RCP Regional Offices, External Advisors or SAC representatives who receive LEP visit requests directly from Deaneries/HEE must notify the JRCPTB at [QualityManagement@jrcptb.org.uk](mailto:QualityManagement@jrcptb.org.uk) to ensure the request is recorded and that there is appropriate representation agreed for the visit.**

## The Programme / Local Education Provider visits process



## Appendices:

### 1: External Advisor report template

#### External Advisor Report

<b>Deanery/HEE region &amp; programme</b> (e.g. East Midlands)		<b>Date</b>	
<b>Specialty</b>		<b>GMC Programme Reference</b>	
<b>Did you visit the Deanery/LETB or attend by teleconference?</b>		<b>Is this your first ARCP / PYA panel as an EA?</b>	

	<b>Number of trainees present at assessment panel</b>	<b>Number of trainees assessed in absentia</b>	<b>Total number of trainees assessed</b>
<b>ARCPs</b>			
<b>... with PYA</b>			
<b>PYA only</b>			

<b>ARCP Outcome</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>
<b>Number awarded</b>									

Please read the attached guidance notes before completing the next section of the form.

Please select Yes or No for each of the questions below and use the 'comments' field at the end to explain the reason for any of negative responses or any other concerns you have identified.

**Note:** Any serious concerns should be raised with the visiting site's Postgraduate Dean immediately. Please confirm you have done this by emailing a copy of the correspondence relating to this to [qualitymanagement@jrctb.org.uk](mailto:qualitymanagement@jrctb.org.uk)

<b>1. Process</b> Does the panel review process consistently achieve the standards required by the Gold Guide by:	
<ul style="list-style-type: none"> <li>Ensuring trainees are not present during the panel decision-making process for the outcome? (although they may be present to meet with the panel after the outcome has been determined)</li> </ul>	<b>YES / NO</b>
<ul style="list-style-type: none"> <li>Did <b>ALL</b> trainees awarded with outcomes 2, 3 or 4 meet with the panel?</li> </ul>	<b>YES / NO / N/A</b>
<ul style="list-style-type: none"> <li>Ensuring <b>ALL</b> trainees awarded with outcomes 2, 3 or 4 have had the opportunity to read the Educational Supervisor and/or TPD reports on their eportfolio and have submitted a response if they wished to before the meeting?</li> </ul>	<b>YES / NO / N/A</b>
<ul style="list-style-type: none"> <li>Ensuring Educational Supervisor Reports:               <ul style="list-style-type: none"> <li>Reflect the learning agreement and agreed objectives</li> <li>Show judgements are supported by the relevant evidence such as WPBA</li> <li>Link progress with personal development and set out clear goals in the action plan for the coming year</li> <li>Outline any changes to the learning agreement or remedial action taken during the training period for whatever reason</li> </ul> </li> </ul>	<b>YES / NO</b>
<ul style="list-style-type: none"> <li>Ensuring other relevant evidence, on the e-Portfolio has been reviewed. For example:               <ul style="list-style-type: none"> <li>Personal Development Plans</li> <li>Relevant certificates, including ALS</li> <li>Decision Aid requirements for year of training</li> <li>Logbook of procedures (if applicable)</li> <li>Form R including any relevant incidents/comments are noted by supervisor and reflected upon by the trainee</li> </ul> </li> </ul>	<b>YES / NO</b>

<ul style="list-style-type: none"> <li>Ensuring there are clear action plans and SMART objectives set at the ARCP for each trainee</li> </ul>	YES/NO
<ul style="list-style-type: none"> <li>Ensuring the reason for any unsatisfactory outcomes are recorded and communicated clearly? (Was/were the trainee(s) made aware of the specific competences to be achieved and a timescale agreed for achieving outstanding competences?)</li> </ul>	YES / NO
<ul style="list-style-type: none"> <li>Ensuring a panel member is present to present all of the specialties / curricula under review? (eg. for GIM and the specialty)</li> </ul>	YES / NO / N/A
<b>2. Decision-making</b>	
Were the outcome decisions satisfactory and appropriate based on the evidence available?	YES / NO
Were recommendations and timescales for actions clearly communicated to the trainee?	YES / NO
<ul style="list-style-type: none"> <li>Were mitigating circumstances, if known at the time of the decision, taken into account?</li> </ul>	YES / NO
<b>3. Quality of evidence</b>	
<ul style="list-style-type: none"> <li>Was the evidence provided by the trainee and educational supervisor of a sufficient standard to make an informed decision with:</li> </ul>	
<ul style="list-style-type: none"> <li>The trainee making appropriate use of their portfolio to record progress: <ul style="list-style-type: none"> <li>Maintaining an up to date log book or other agreed record of experience?</li> <li>Maintaining an up-to-date PDP and recorded reflection where appropriate?</li> <li>Using appropriate evidence (eg. WPBAs/SLEs, reflection, log book evidence etc) to link competences?</li> </ul> </li> </ul>	YES / NO
<ul style="list-style-type: none"> <li>Is the Educational Supervisor providing a sufficiently detailed report which reflects accurately the training progress?</li> </ul>	YES / NO
<ul style="list-style-type: none"> <li>Are the supervisors providing quality feedback (WPBAs, appraisals) in sufficient quantity?</li> </ul>	YES / NO
<ul style="list-style-type: none"> <li>Is there a process in place to give feedback to the supervisor on their reports ?</li> </ul>	YES / NO
<ul style="list-style-type: none"> <li>Is there a process in place to give feedback to the supervisor about the SLEs, WPBA they have completed?</li> </ul>	YES/NO
<b>4. Curriculum delivery</b>	
<ul style="list-style-type: none"> <li>Are there any gaps in specialty and sub specialty / modular experience?</li> <li>If so, please details what are they and why in the Comments section below)</li> </ul>	YES / NO
<ul style="list-style-type: none"> <li>Is there any difficulty in providing experience and training in practical procedures, operating sessions etc? (If so please list the procedures affected and training locations in the Comments section below)</li> </ul>	YES / NO
<ul style="list-style-type: none"> <li>Is the Educational Supervisor engaging appropriately with training eg. undertaking appraisals and assessments as required?</li> </ul>	YES / NO
<ul style="list-style-type: none"> <li>Are clinical supervisors assisting sufficiently with curriculum delivery as evidenced by the provision of WPBAs/SLEs?</li> </ul>	YES / NO
<b>5. Penultimate Year Assessment (if applicable)</b>	
<ul style="list-style-type: none"> <li>Did the panel set any mandatory targets at this stage of training that concerned you eg. competences that should have already been achieved?</li> </ul>	YES / NO
<ul style="list-style-type: none"> <li>Were any of these procedural competences?</li> </ul>	YES / NO / NA
<ul style="list-style-type: none"> <li>Please list the procedures (if applicable)</li> </ul>	
<b>6. Equality and Diversity</b>	
<ul style="list-style-type: none"> <li>Did you notice any signs of systematic bias at any point in the process? (e.g. personal remarks that suggest anything prejudicial about candidates) If yes, please comment below on details and what action was taken.</li> </ul>	YES / NO
<ul style="list-style-type: none"> <li>Were the decisions made based on the evidence presented in the trainees' ePortfolios and at interview?</li> </ul>	YES / NO
<b>7. Summary</b>	
<ul style="list-style-type: none"> <li>Overall, taking account of all of the above areas, how would you rate the ARCP / PYA process you observed at this Deanery / HEE local office? (please circle) <b>Outstanding / Good / Borderline / Unacceptable</b></li> </ul>	
<ul style="list-style-type: none"> <li>Has the date of the next ARCP/PYA panel been agreed with the Deanery / HEE local office?</li> </ul>	YES / NO

<b>Comments</b>			
<b>General Comments:</b>			
<b>Areas for Improvement:</b>			
<b>Good practice</b>			
<b>Name:</b>		<b>Date:</b>	
<b>Signature:</b>			
<b>Deanery:</b>			

Please email the completed form to: [qualitymanagement@jrcptb.org.uk](mailto:qualitymanagement@jrcptb.org.uk)



## 2: External Advisor report template (Example of good practice)

### External Advisor Report

Deanery/LETB & programme (e.g. East Midlands)	East Midlands	Date	12 June 2019
Specialty	Gastroenterology	GMC Programme Reference	EMD2519
Did you visit the Deanery/LETB or attend by teleconference?	In person	Is this your first ARCP / PYA panel as an EA?	No

	Number of trainees present at assessment panel	Number of trainees assessed in absentia	Total number of trainees assessed
ARCP only	5	3	8
ARCP with PYA	2		2
PYA only	1		1

ARCP Outcome	1	2	3	4	5	6	7	8	9
Number awarded	3	1	1		2	3			

Please read the attached guidance notes before completing the next section of the form.

Please select Yes or No for each of the questions below and use the 'comments' field at the end to explain the reason for any of negative responses or any other concerns you have identified.

Note: Any serious concerns should be raised with the visiting site's Postgraduate Dean immediately. Please confirm you have done this by emailing a copy of the correspondence relating to this to [qualitymanagement@rcptb.org.uk](mailto:qualitymanagement@rcptb.org.uk)



1. Process	
Does the panel review process consistently achieve the standards required by the Gold Guide by:	
<ul style="list-style-type: none"> <li>Ensuring trainees are not present during the panel decision-making process for the outcome? (although they may be present to meet with the panel after the outcome has been determined)</li> </ul>	YES
<ul style="list-style-type: none"> <li>Did ALL trainees awarded with outcomes 2, 3 or 4 meet with the panel?</li> </ul>	YES
<ul style="list-style-type: none"> <li>Ensuring ALL trainees awarded with outcomes 2, 3 or 4 have had the opportunity to read the Educational Supervisor and/or TPD reports on their <u>portfolio</u> and have submitted a response if they wished to before the meeting?</li> </ul>	YES
<ul style="list-style-type: none"> <li>Ensuring Educational Supervisor Reports:                             <ul style="list-style-type: none"> <li>Reflect the learning agreement and agreed objectives</li> <li>Show judgements are supported by the relevant evidence such as WPBA</li> <li>Link progress with personal development and set out clear goals in the action plan for the coming year</li> <li>Outline any changes to the learning agreement or remedial action taken during the training period for whatever reason</li> </ul> </li> </ul>	YES
<ul style="list-style-type: none"> <li>Ensuring other relevant evidence, on the e-Portfolio has been reviewed. For example:                             <ul style="list-style-type: none"> <li>Personal Development Plans</li> <li>Relevant certificates, including ALS</li> <li>Decision Aid requirements for year of training</li> <li>Logbook of procedures (if applicable)</li> <li>Form R including any relevant incidents/comments are noted by supervisor and reflected upon by the trainee</li> </ul> </li> </ul>	YES
<ul style="list-style-type: none"> <li>Ensuring there are clear action plans and SMART objectives set at the ARCP for each trainee</li> </ul>	YES
<ul style="list-style-type: none"> <li>Ensuring the reason for any unsatisfactory outcomes are recorded and communicated clearly? (Was/were the trainee(s) made aware of the specific competences to be achieved and a</li> </ul>	YES
<ul style="list-style-type: none"> <li>timescale agreed for achieving outstanding competences?)</li> </ul>	
<ul style="list-style-type: none"> <li>Ensuring a panel member is present to present all of the specialties / curricula under review? (eg. for GIM and the specialty)</li> </ul>	YES

<b>2. Decision-making</b>	
Were the outcome decisions satisfactory and appropriate based on the evidence available?	YES
Were recommendations and timescales for actions clearly communicated to the trainee?	YES
<ul style="list-style-type: none"> <li>Were mitigating circumstances, if known at the time of the decision, taken into account?</li> </ul>	YES
<b>3. Quality of evidence</b>	
<ul style="list-style-type: none"> <li>Was the evidence provided by the trainee and educational supervisor of a sufficient standard to make an informed decision with:</li> </ul>	
<ul style="list-style-type: none"> <li>The trainee making appropriate use of their portfolio to record progress:               <ul style="list-style-type: none"> <li>Maintaining an up to date log book or other agreed record of experience?</li> <li>Maintaining an up-to-date PDP and recorded reflection where appropriate?</li> <li>Using appropriate evidence (eg, WPBAs/SLEs, reflection, log book evidence etc) to link competences?</li> </ul> </li> </ul>	YES
<ul style="list-style-type: none"> <li>Is the Educational Supervisor providing a sufficiently detailed report which reflects accurately the training progress?</li> </ul>	NO
<ul style="list-style-type: none"> <li>Are the supervisors providing quality feedback (WPBAs, appraisals) in sufficient quantity?</li> </ul>	NO
<ul style="list-style-type: none"> <li>Is there a process in place to give feedback to the supervisor on their reports?</li> </ul>	NO
<ul style="list-style-type: none"> <li>Is there a process in place to give feedback to the supervisor about the SLEs, WPBA they have completed?</li> </ul>	NO
<b>4. Curriculum delivery</b>	
<ul style="list-style-type: none"> <li>Are there any gaps in specialty and subspecialty / modular experience?</li> <li>If so, please details what are they and why in the Comments section below)</li> </ul>	NO
<ul style="list-style-type: none"> <li>Is there any difficulty in providing experience and training in practical procedures, operating sessions etc? (If so please list the procedures affected and training locations in the Comments section below)</li> </ul>	NO
<ul style="list-style-type: none"> <li>Is the Educational Supervisor engaging appropriately with training eg, undertaking appraisals and assessments as required?</li> </ul>	NO
<ul style="list-style-type: none"> <li>Are clinical supervisors assisting sufficiently with curriculum delivery as evidenced by the provision of WPBAs/SLEs?</li> </ul>	YES
<b>5. Penultimate Year Assessment (if applicable)</b>	
<ul style="list-style-type: none"> <li>Did the panel set any mandatory targets at this stage of training that concerned you eg, competences that should have already been achieved?</li> </ul>	YES
<ul style="list-style-type: none"> <li>Were any of these procedural competences?</li> </ul>	YES
<ul style="list-style-type: none"> <li>Please list the procedures (if applicable) Colonoscopy</li> </ul>	
<b>6. Equality and Diversity</b>	
<ul style="list-style-type: none"> <li>Did you notice any signs of systematic bias at any point in the process? (e.g. personal remarks that suggest anything prejudicial about candidates) If yes, please comment below on details and what action was taken.</li> </ul>	YES
<ul style="list-style-type: none"> <li>Were the decisions made based on the evidence presented in the trainees' ePortfolios and at interview?</li> </ul>	YES
<b>7. Summary</b>	
<ul style="list-style-type: none"> <li>Overall, taking account of all of the above areas, how would you rate the ARCP / PYA process you observed at this Deanery / LETB? (please circle)</li> </ul>	Good
<ul style="list-style-type: none"> <li>Has the date of the next ARCP/PYA panel been agreed with the Deanery / LETB?</li> </ul>	NO

Comments	
<p><b>General Comments:</b>  <u>ARCP outcomes</u></p> <p>The awarded outcomes were fair. In the review of evidence for trainees in absentia it was apparent that some had not been identified as requiring a face-to-face interview prior to the day so will need to be called for a later date.</p> <p><u>Trainees in difficulty</u> were discussed in detail and the conversation was sensitively handled.</p> <p><u>Educational Supervisors reports</u></p> <p><u>ESRs</u> were not always available and in some cases were limited in the amount of detail and feedback provided. There seem to be 2 Trusts where this was a major issue. The Head of School was clear that this would be raised with the Trusts in question. This is a challenging area for the School as it corresponds to units where curriculum sign off and numbers of workplace based assessments were low.</p> <p>Further to this, the local interim review process is not functioning as effectively as it could in some units, hampering the ability of the TPD / Head of School to detect trainees in difficulty. These units clearly need some support and directing in how to perform the local College Tutor / TPD role.</p> <p><b>Penultimate Year Assessment</b></p> <p>One trainee had not yet achieved competency in colonoscopy. Access to colonoscopy training lists was difficult and summative DOPs assessments had not yet been completed.</p> <p><u>Summary</u></p> <p>The ARCP process functioned well and identified trainees that were not on track. It also identified units where ES engagement needs encouragement. Use was made of attendance at regional training days as a yardstick and trainees were encouraged to improve.</p> <p><b>Areas for Improvement:</b></p> <p><b>Good practice</b></p>	
<b>Name:</b>	<b>Date:</b>
<b>Signature:</b>	
<b>Deanery:</b>	

Please email the completed form to: [qualitymanagement@ircptb.org.uk](mailto:qualitymanagement@ircptb.org.uk)

### 3: JRCPTB letter of indemnity

# JRCPTB

Joint Royal Colleges of Physicians Training Board

5 St Andrews Place  
Regent's Park  
London NW1 4LB  
Tel: +44 (0)20 3075 1649  
[www.jrcptb.org.uk](http://www.jrcptb.org.uk)

#### DATE

DDL: 020 3075 1291  
PA DDL: 020 3075 1245  
[David.black@jrcptb.org.uk](mailto:David.black@jrcptb.org.uk)

Dear Colleague

#### Persons acting as Agents for, or on behalf of, the JRCPTB

Direct employees of JRCPTB benefit from the indemnity and liability arrangements established by the Royal College of Physicians as the formal employer. Colleagues who act for JRCPTB, but who have no contract of employment with JRCPTB, may also benefit from these arrangements. The arrangements extend in all circumstances only to actions undertaken on behalf of, and under the management of, JRCPTB. This will include, for example persons acting for JRCPTB in respect of:

- The appointment of junior doctors
- The conduct of Annual Review of Competency Progression panels particularly as JRCPTB appointed externals
- Assessment of CESRs, Reviews and Appeals
- Undertaking penultimate year assessments on behalf of JRCPTB
- Providing externality on behalf of JRCPTB to visits properly organised and lead by Deanery/LETBs or the GMC

Furthermore liability will not be accepted for actions which, although they may not be unlawful, do not accord with the policies with JRCPTB or the Royal College of Physicians or exceed the remit of the role being carried out

Yours sincerely



**Professor David Black**  
Medical Director

#### 4: Department of Health letter of support for work benefitting health services



Friday 23<sup>rd</sup> June 2017

We are writing to every employer in the Health Service throughout the UK to urge you and your Board to look favourably on requests from doctors applying for absence in order to undertake national work for the wider benefit of the public and health services across the UK. Of course a large number of Health Service organisations already support these activities and we are keen to see that continue but if there is more encouragement you can give, we believe that would bring significant benefit.

Government, statutory and executive agencies across the UK such as;

- The National Institute for Health and Care Excellence (NICE)
- the Committee on Human Medicines
- the General Medical Council (GMC)
- Research Funders
- System Regulators (such as the Care Quality Commission (CQC))
- professional organisations such as Medical Royal Colleges

all rely heavily on senior members of the profession, doctors and other clinicians, for their expertise and experience in a variety of roles.

The part time work these people undertake alongside their clinical duties contributes a great deal to the quality and safety of patient care, medical education and to the planning, delivery and independent assurance of the safety and effectiveness of both local and regional health services.

We understand that in the current climate there is considerable pressure on local resources and that you will need to take account of that and ensure that contractual commitments are applied appropriately. However we hope you will regard such activity by your clinical staff as an investment in our Health Services and a reflection of the high standards in your organisation. The experience gained by these individuals should be of direct benefit to the unit in which they work. We would be grateful if you could bring this to the attention of the members of your Board.

If you have any comments or questions, please contact the UK, European and International Affairs team at the GMC at [apsr@gmc-uk.org](mailto:apsr@gmc-uk.org)

**Professor Terence Stephenson**  
Chair  
General Medical Council

**Sir Bruce Keogh**  
National Medical Director  
NHS England

**Professor Dame Sally C Davies**  
Chief Medical Officer  
England

**Dr Michael McBride**  
Chief Medical Officer  
Northern Ireland

**Dr Frank Atherton**  
Chief Medical Officer  
Wales

**Professor Catherine Calderwood**  
Chief Medical Officer  
Scotland

## 5: Assessing the academic progress of Academic Clinical Fellows (ACFs)

### **Additional notes for assessing the academic progress of Academic Clinical Fellows (ACFs)**

In assisting trainees to gain the appropriate research skills, it may be useful for academic supervisors to recall that:

- The ACF Programmes are primarily designed for new entrants to specialist training who have Foundation competences (including GP and Dental) and can demonstrate that they have outstanding potential for development as clinical academics in research and/or education.
- The proportion of time to be dedicated to research amounts to 25% over the 3 year period.
- Training needs to be flexible and trainee-centred, with mentoring to ensure the attainment of both academic and clinical goals.
- Each trainee who is selected for the ACF Programme will be awarded an NTN(A) at the start of the programme.
- The academic component of the training period must include preparation of an application for a competitive peer-reviewed research training fellowship or educational training programme leading to the award of a higher degree, which may be undertaken either immediately following the ACF or at a later stage in cases where the trainee needs to continue clinical training.
- In the event that an individual is unsuccessful in obtaining a research training fellowship/educational training programme within three years, he or she will join a standard clinical training programme with consequent contractual obligations.
- The academic supervisor must therefore develop an academic training programme that focuses on the key skills that will enable the ACF to attain an Academic Training Fellowship while taking into account the limited time that the trainee has for the academic component of their post.
- It is essential that ACFs have the opportunity to develop skills that enable them, in Year 1, to define a research question, and in Year 2, to develop a research proposal. The Academic Annual Review of Competence Progress (ARCP) should record the ACF's progress specifically in relation to these training goals.
- An application to, or the attainment of, an Academic Training Fellowship should also be recorded on the Annual Review of Competence Progression (ARCP) Outcomes form, as evidence of progress.

### **Additional notes for assessing the academic progress of Clinical Lecturers (CLs) and Clinician Scientist Fellows (CSFs).**

- The Clinical Lectureship Programmes aim to offer academic and clinical training to those who have completed a higher degree and have documented satisfactory progress in specialist clinical training.
- The proportion of time dedicated to research is 50% over a 4 year period.
- As with ACFs, training must be flexible and trainee-centred, with mentoring to ensure the attainment of both academic and clinical goals.
- During the four-year Clinical Lectureship phase, individuals will be working towards being Principal Investigators on grant applications and therefore, the academic supervisor may adopt a less directive role.
- An academic assessment, with completion of the Report on Academic Progress form for subsequent submission to the joint academic/clinical ARCP panel, must take place with an appropriately constituted panel for Clinical Lecturers even if they are working as independent scientists. This also applies to Clinician Scientists Fellowships.
- The academic component of the Clinical Lecturer training period will include postdoctoral research/educationalist career development with opportunities for some to develop an application for postdoctoral training support (e.g. Clinician Scientist Award or project grant).
- Academics with higher degrees will generally be expected to demonstrate their ability to supervise, to deliver teaching following sound educational principles, and develop a publication record during their appointment.
- The end of the Clinical Lectureship phase is marked by completion of clinical training and the attainment of a Certificate of Completion of Training (CCT) and also by a period of high quality, further postdoctoral training. In the event that an individual makes less than satisfactory progress in academic development, he/she will return to a standard clinical training programme with the consequent contractual obligations.
- In situations where the University already has an annual appraisal and probation record, this should be used as evidence and not duplicated for the Annual Review of Competence Progression (ARCP) Outcomes.

## 7: Glossary of terms

<b>ACF</b>	<b>Academic Clinical Fellowships:</b> are Specialty Training posts which allow you to spend 25% of your time in academic training as well as 75% in clinical training, and prepare you for an application for a training fellowship for a higher degree.
<b>ARCP</b>	<b>Annual Review of Competence Progression:</b> The process whereby trainees in specialty training have the evidence of their progress reviewed by an appropriately convened panel so that a judgement about their progress can be made and transmitted to the TPD, the trainee and the trainee's employer.
<b>CCT</b>	<b>Certificate of Completion of Training:</b> Awarded after successful completion of a specialty training programme, all of which has been prospectively approved by the GMC (or its predecessor body, the Postgraduate Medical Education and Training Board).
<b>CL</b>	<b>Clinical Lecturers:</b> are junior academic doctors pursuing a career in basic or clinical research, 50% of which is dedicated to research over a four year period.
<b>CSF</b>	<b>Clinician Scientist Fellows:</b> are medically and other clinically qualified professionals who have gained a higher research degree to lead their own research plans and establish their own research team to make the transition to independent investigator.
<b>Clinical Supervisor</b>	A trainer who is selected and appropriately trained to be responsible for overseeing a specified trainee's clinical work and providing constructive feedback during a training placement. Some training schemes appoint an educational supervisor for each placement. The roles of clinical and educational supervisor may then be merged.
<b>Competence</b>	The possession of requisite or adequate ability; having acquired the knowledge and skills necessary to perform those tasks that reflect the scope of professional practices. It may be different from performance, which denotes what someone is actually doing in a real life situation.
<b>Curriculum</b>	A statement of the aims and intended learning outcomes of an educational programme. It states the rationale, content, organisation, processes and methods of teaching, learning, assessment, supervision and feedback. If appropriate, it will also stipulate the entry criteria and duration of the programme.
<b>Deanery</b>	The bodies in Northern, Ireland, Scotland and Wales that the GMC has authorised to manage GMC-approved training programmes and the training posts within them. Postgraduate Deans are the responsible officers for trainees within the deanery training programmes.
<b>Educational supervisor</b>	A trainer who is selected and appropriately trained to be responsible for the overall supervision and management of a specified trainee's educational progress during a training placement or series of placements. The educational supervisor is responsible for the trainee's educational agreement.
<b>Eportfolio</b>	An electronic collection of evidence that showcases a trainee's knowledge, skills and behaviours as a learning journey over time.
<b>GMC</b>	General Medical Council: Its purpose is to protect, promote and maintain the health and safety of the public by ensuring proper standards in the practice of medicine.



<b>HEE</b>	Health Education England. The body in England that the GMC has authorised to manage GMC-approved training programmes and the training posts within them.
<b>NTN</b>	National Training Number: The number allocated by HEE, NES, the Wales Deanery or NIMDTA to trainees in specialty training programmes that (subject to satisfactory progress) have an end point of the award of a CCT or CESR(CP)/CEGPR(CP).
<b>Programme</b>	A managed educational experience. As defined by the GMC, a programme is a formal alignment or rotation of posts that together comprise a programme of training in a given specialty or sub-specialty. The GMC approves programmes of training in all specialties, including general practice. The programmes are managed by a TPD or their equivalent. A programme is not a personal programme undertaken by a particular trainee.
<b>SAC</b>	<b>Specialty Advisory Committee:</b> The usual (but not the only) name used for the committee that advises the Medical Royal College/Faculty on training issues and that sets the specialty specific standards in the context of the generic standards of training set by the GMC
<b>SOCE</b>	<b>Summary of Clinical Experience:</b> A document completed by each trainee at the time of Penultimate Year Assessment detailing recruitment to the specialty training programme, Provisional completion of training date, details of research projects undertaken and specialty post appointments/training details since recruitment to the specialty training programme.
<b>Specialty training</b>	The designation of training after completion of the foundation programme, applying to trainees who have entered this training from August 2007 to undertake a specialty training programme approved initially by the Postgraduate Medical Education and Training Board and, from April 2010, by the GMC.
<b>TPD</b>	<b>Training Programme Director:</b> The GMC requires that training programmes are led by TPDs (or their equivalent). TPDs have responsibility for managing specialty training programmes.

## 8: Types of ARCP outcomes

### Types of Outcomes

Outcome Type	Classification	Description
0	No outcome	Trainee did not have an ARCP review
1	Satisfactory	Satisfactory progress. Achieving progress and the development of competences at the expected rate.
2	Unsatisfactory	Development of specific competences required. Additional training time not required.
3	Unsatisfactory	Inadequate progress – additional training time (up to six months) required.
4	Unsatisfactory	Released from training programme - with or without specified competences.
5	Satisfactory	Incomplete evidence presented – additional training time may be required.
6	Satisfactory	Gained all required competences – will be recommended as having completed the training programme (core or specialty) and if in a run through training programme or higher training programme will be recommended for award of a CCT or CESR/CESR CP gained all required competences.
7.1	Satisfactory	Satisfactory progress in or completion of the LAT / FTSTA post.
7.2	Unsatisfactory	Development of specific competences required – additional training time not required LAT / FTSTA placement.
7.3	Unsatisfactory	Inadequate progress by the trainee – LAT / FTSTA placement.
7.4	Satisfactory	Incomplete evidence presented - LAT / FTSTA placement.
8	Out of programme	OOP – Not specified
8.1	Out of programme	OOPE (Experience)
8.2	Out of programme	OOPR (Research)
8.3	Out of programme	OOPC (Career Break)
9	Unsatisfactory	Top-up training