JRCPTB
Joint Royal Colleges of Physicians Training Board

External Advisors Handbook

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Table of Contents

Section 1: **3**
Introduction 3
The role of the External Advisor 3
How do I log into e-portfolio? 3
Section 2: **4**
Annual Review of Competence Progression (ARCP) 4
The ARCP process 5
Outcome 5 6
Guidance on final ARCP timings 6
Accelerated training 6
Out of programme 6
Long term sick leave 6
Less than full time Resident Doctors 7
Academic/clinical Resident Doctors 7
ARCP Appeals 7
Section 3 ..... **8**
Penultimate Year Review (PYR) Introduction 8
When should it take place? 8
How long should a PYR take? 8
What is the deadline for finalising PYRs on e-portfolio? 8
The PYR process 9
Checklist for External Advisors completing a PYR 9
CPD online diary targets 10
External Advisor retirements 10
Section 4: **10**
Programme / Local Education Provider/Quality Review Panel visits 10
Local Education Provider targeted visits 10
Programme / Local Education Provider visits process 11
Appendices: **12**
Appendix 1: External Advisor report template 12
Appendix 2: External Advisor report template (Example of good practice) 15
Appendix 3: Assessing the academic progress of Clinical Academics 18
Appendix 4: Glossary of terms 19
Appendix 5: Types of ARCP outcomes 21

Section 1

Introduction

Joint Royal Colleges of Physicians Training Board (JRCPTB) monitor and seek to drive improvement in the standard of core medical training and of training for all medical specialties on behalf of the three Royal Colleges of Physicians in Edinburgh, Glasgow and London.

Our Specialty Advisory Committees (SACs) are actively involved in assisting and supporting Deaneries/NHS Local Offices to manage and improve the quality of education within each of their approved training locations.

Each SAC draws together experts from Deaneries/NHS Local Offices across the four nations and is comprised of leading consultants, trainees and lay representatives. They are tasked with activities central to assuring the quality of medical education such as writing the curriculum and assessment systems, reviewing applications for new post & programmes, provision of External Advisors to deaneries and recommending trainees eligible for CCT or Portfolio Pathway.

This handbook has been developed by the JRCPTB and incorporates the Quality Assurance principles found in the Gold Guide **whereby '*the external advisor*' should review a minimum random 10% of the outcomes and evidence supporting these, and any recommendations from the ARCP panel about concerns over performance and training progression.** *(Gold Guide 11th edition, GG11 – 5th August 2026, paragraph 4.129).*

JRCPTB believes externality should include 10%, of all reviews, including all with adverse, non-standard outcomes and those in a penultimate year review to ensure they are ready to progress to CCT.

The main activities requiring specialist externality advice are Annual Reviews of Competence Progression (ARCPs), Penultimate Year Reviews (PYRs), specialty programme reviews and Deanery/NHS Local Education Provider (LEP) monitoring or targeted visits. A glossary providing further information on these activities can be found in Appendix 4.

The role of the External Advisor (EA)

External Advisors provide independent specialty expertise to ARCP panels. In accordance with Gold Guide 11, they review a random sample of outcomes and supporting evidence and may advise on concerns about performance and training progression; the external advisor's distinct role is to review whether the panel process and conduct meet the standards in the Gold Guide. Within physician training, the EA may also meet Resident Doctors undertaking Penultimate Year Reviews (PYRs) to review progress against the specialty curriculum and identify mandatory requirements that must be achieved before completion of training. Following scheduled ARCPs and PYRs, the External Advisor reports on decision-making, quality of evidence, curriculum delivery, PYR targets where applicable, and the process observed.

EAs should not use their position to undermine Deanery/NHS Local Office processes in an open forum. They need to be aware also that External Advisor reports (Appendix 1, pages 12-14) 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 Medical Director for Training, Dr David Marshall, David.Marshall@thefederation.uk

Any data collected may be exchanged between the departments of the Federation, approved external partners (including the GMC, relevant regional and national training bodies), postgraduate medical deans and their staff (Deaneries/ NHS Local Offices- or their local equivalent for international candidates), relevant Royal College officers, representatives and staff, educational supervisors, specialist and Resident Doctor societies and employing authorities; for the above purposes. For full details see the link to our fair processing statement on page 5.

How do I log into e-portfolio?

The External Advisor **must log in using the Physician External Advisor role** and search for the scheduled Resident Doctors by name or GMC number using the search facility. External Advisors should log into e-portfolio to create the PYR form for each Resident Doctor they will be reviewing approximately two weeks before the PYR date. If there are any difficulties encountered in creating the PYR form or reviewing the Resident Doctor's e-portfolio(s), please contact the JRCPTB e-portfolio team at ePortfolioteam@thefederation.uk

Section 2

Annual Review of Competence Progression (ARCP)

The Gold Guide, *A Reference Guide for Postgraduate Foundation and Specialty Training in the UK*, sets out the arrangements agreed by the four UK health departments for foundation and specialty training programmes. It is maintained by the Conference of Postgraduate Medical Deans (COPMeD) on behalf of the four UK health departments. The Guide provides the framework for the formal Annual Review of Competence Progression (ARCP), which reviews documented evidence of a Resident Doctor's progress against the objectives and capabilities defined in the relevant GMC-approved curriculum and programme of assessment. ARCP panels are convened by NHS England Workforce, Training and Education (NHSE WTE), Public Services Delivery Scotland (PSD Scotland), Health Education and Improvement Wales (HEIW) or the Northern Ireland Medical and Dental Training Agency (NIMDTA).

Where more than one specialty is being assessed as part of an ARCP panel (e.g. dual or sub-specialty training or an integrated academic programme), the panel should include specialist/sub-specialist/academic input. **The panel should normally have input from a lay advisor and an external advisor. The lay advisor primarily reviews the process, and the external advisor (from the same specialty but outside of the local programme) should review a minimum random 10% of outcomes and the supporting evidence, including any recommendations from the ARCP panel about concerns over performance and training progression.** *(Gold Guide 11th edition, GG11 – 5th August 2026, paragraphs 4.67, 4.70–4.72 and 4.129).*

For dual training, or main specialty and sub-specialty training, the GMC requires a separate outcome for each specialty and sub-specialty. ARCPs should be undertaken at least yearly, with a maximum interval of 15 months, for each specialty in dual or triple programmes. *(Gold Guide 11th edition, GG11 – 5th August 2026, paragraph 4.89).*

The ARCP process is not an assessment of the Resident Doctor in and of itself, but an assessment of the documented and submitted evidence presented by the Resident Doctor. **The Resident Doctor must not be present at the panel when the evidence is reviewed and the ARCP outcome is decided. Following the ARCP, there should be a post-ARCP discussion/meeting to inform the Resident Doctor of the outcome and to agree objectives and the learning plan for the next period of training.** *(Gold Guide 11th edition, GG11 – 5th August 2026, paragraphs 4.78 and 4.81–4.84).*

NHSE, Public Services Delivery Scotland (PSD), HEIW and NIMDTA may wish to meet Resident Doctors on the day to discuss the outcome **after** the panel has reviewed the evidence and agreed the outcome(s). Any such discussion (e.g. Resident Doctor views on training or planning future placements) must be kept separate from the panel's review of evidence and outcome decision-making.

The panel should consist of at least three members appointed by the training committee or an equivalent group, one of whom must be the Postgraduate Dean or nominated deputy, Head of School or Training Programme Director. Appropriate members may include the Chair of the Specialty Training Committee, College/Faculty representatives, educational supervisors and Associate Deans/Directors; relevant specialist, sub-specialist or academic input is required where more than one specialty or an integrated academic programme is assessed. The Postgraduate Dean should ensure appropriate diversity in panel composition and consider how this is monitored through diversity, equity and inclusion strategies. Where an Outcome 2/10.1, 3/10.2 or 4 may be recommended, the Resident Doctor must be informed before the panel meeting and, after the panel decision, must meet with the panel or a senior educator at the earliest opportunity. *(Gold Guide 11th edition, GG11 – 5th August 2026, paragraphs 4.67 and 4.83).*

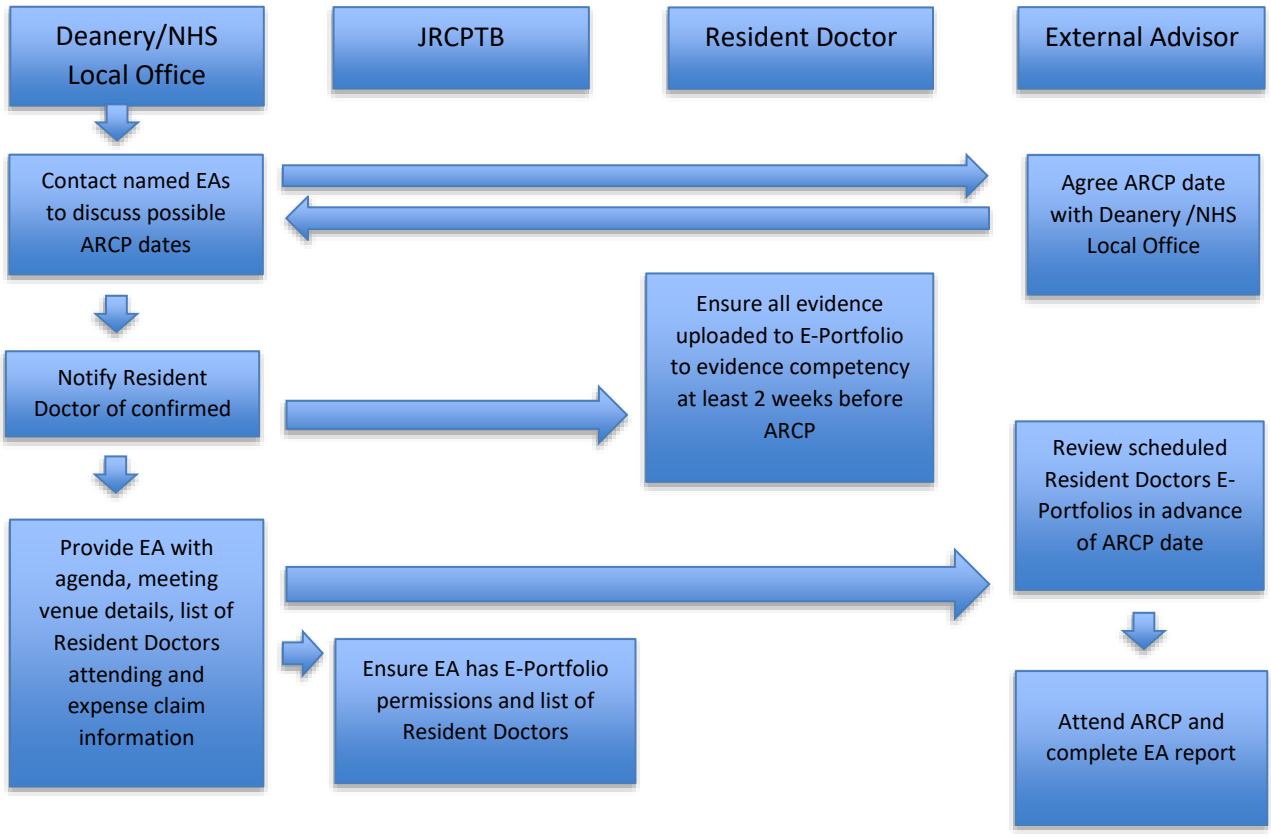
The ARCP provides advice to the Postgraduate Dean, in their role as Responsible Officer, about revalidation of the Resident Doctor to enable the Responsible Officer to make a recommendation to the GMC. It is applicable to:

- All specialty Resident Doctors (including general practice Resident Doctors, those in core training, those in less than fulltime (LTFT) training and Resident Doctors in academic programmes) whose performance through a specialty training programme must be assessed to evaluate progression.
- Resident Doctors in combined academic/clinical programmes (e.g. those in academic clinical fellowships, clinical lectureships or clinician scientist appointments)
- Resident Doctors who are out of programme (OOP) with the agreement of the Postgraduate Dean
- Resident Doctors who resign from a training programme. Depending on the timing of the resignation, an ARCP panel should review progress between the last ARCP and the effective exit date, unless the exit occurred within three months of the last ARCP. The Resident Doctor should complete Form R or SOAR for revalidation purposes. The panel should document capabilities achieved, but no ARCP outcome is awarded; N21 or N22 should be recorded as appropriate. *(Gold Guide 11th edition, GG11 – 5th August 2026, paragraph 4.39(iv)).*

ARCPs should normally be undertaken at least annually for all Resident Doctors, including those training less than full time, with a maximum interval of 15 months to facilitate revalidation. The process may be conducted more frequently where needed to address performance or progression issues or to facilitate acceleration of training. *(Gold Guide 11th edition, GG11 – 5th August 2026, paragraphs 4.37 and 4.39).*

All Resident Doctors (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 Resident Doctor's e-portfolios at least TWO WEEKS before the ARCP panel date. The ARCP decision aids published for higher medical training and Internal Medical Training (IMT) Stage One provide guidance to Educational Supervisors and Resident Doctors on the documentation required.

EAs should participate in the ARCP process but they are not expected to attend every ARCP.

Please note JRCPTB will provide the NHS Local Office/Deanery with EA name and email address in order for arrangements to be made regarding the date and time of the ARCP.

For full details see our fair processing statement in line with data protection policies can be found here

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 Resident Doctors. EAs would not be expected to report on individual Resident Doctors, although following their discussions with Resident Doctors they may report back on specific issues relevant to the programme.

Outcome 5

Outcome 5s should only be issued when a Resident Doctor 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 Resident Doctor has merely failed to include evidence of this in the portfolio then an outcome 5 can be issued and the Resident Doctor be given a limited period of time to produce this. **The review to issue a final outcome would normally be no more than 8 weeks from the date of the ARCP Outcome 5 and must never cross a critical progression point.** *(Gold Guide 11th edition, GG11 – 5th August 2026, Outcome 5 guidance in paragraph 4.92).*

Where a Resident Doctor is unable to submit a completed **Form R** or **SOAR** that reflects their full scope of practice since their last review, they should be issued with **Outcome 5** and given **two weeks** to remedy the situation. They should also normally be offered a **support meeting** with the Postgraduate Dean/Responsible Officer (or nominated deputy) to discuss the reasons for non-submission and clarify next steps if this is not rectified. If a completed Form R/SOAR is submitted within the two-week timeframe, the Resident Doctor should then receive the ARCP outcome appropriate for their educational progression. If a satisfactorily completed Form R/SOAR is still not submitted after two weeks, the Resident Doctor should receive an outcome consistent with training progression (Outcome 2 (not applicable in foundation), 3 or 4) and, where this is a repeated situation, **referral to the GMC for non-engagement with revalidation should be commenced.** *(Gold Guide 11th edition, GG11 – 5th August 2026, paragraphs 4.124–4.128).*

Guidance on Final ARCP timings

The ARCP process is run by local offices of NHSE, PSDS, HEIW and NIMDTA in accordance with the Gold Guide *(Gold Guide 11th edition, GG11 – 5th August 2026, paragraphs 4.57).*

From the perspective of JRCPTB, the final ARCP is of the utmost importance as we use this document to base our recommendation of completion of training and subsequent registration on the Specialist Register.

We have been aware of recent referrals for review of final ARCP where it is evident that the ARCP was held far ahead of the CCT date; in some instances, the panel recommended an Outcome 6 some twelve months prior to the CCT date. This is clearly unsatisfactory. A prospective decision on completion of training should not be made.

As a result, we wish to provide guidance on the timing of the final ARCP.

We are aware of the complexities of organising and running ARCP panels however we feel that **final ARCP panels should be arranged pro-rata within three months of the CCT date.**

Any period longer that this may result in a failure to review all appropriate documentation and will not take into consideration the training period leading up to the completion of training.

Accelerated training

JRCPTB has published updated guidance to help ARCP panels to facilitate acceleration in training when this is desired by the trainee and supported by the education supervisor. For further information please access the updated guidance here: Accelerated training in Internal Medicine Stage 1 (IMS1) and Internal Medicine Stage 1 (IMS2) guidance

Out of Programme (OOP)

Out of Programme (OOP) is the process that allows trainees to step out of their training programme for a defined period to pursue opportunities that may or may not contribute towards their Certificate of Completion of Training (CCT). For further information please access here: **Going Out of Programme | The Federation**

Long-term sick leave

Where a Resident Doctor is absent on long-term sick leave and there is insufficient evidence to assess progression, the ARCP panel would not normally issue an outcome and should record the reason using N1. Any decision to pause specialty or core training is a separate, neutral action that should normally be taken outside the ARCP process, agreed with the

Resident Doctor, approved by the Postgraduate Dean and documented. Pausing training is not applicable in foundation training. *(Gold Guide 11th edition, GG11 – 5th August 2026, paragraphs 4.114–4.115 and Outcome guidance following paragraph 4.92).*

Less Than Full Time Resident Doctors (LTFT)

Less than full-time (LTFT) Resident Doctors should normally have an ARCP at least annually and with a maximum interval of 15 months, while also being reviewed at any critical progression point. They must demonstrate the capabilities relevant to their stage of training. Where an Outcome 3 or 10.2 requires an extension, this will be on a pro rata basis, although a fixed-term extension may be used where there are sound educational reasons. *(Gold Guide 11th edition, GG11 – 5th August 2026, paragraphs 3.131–3.132).*

Academic/clinical Resident Doctors

The ARCP decision should always be made in accordance with the Gold Guide. The named academic supervisor must complete the Report on Academic/Research Progress and submit it, with supporting documentation, to the joint academic/clinical ARCP panel. The Resident Doctor must also submit evidence of clinical achievement. The ARCP outcome is a global assessment based on both clinical and academic reports, and standard ARCP outcomes should be recorded. The Resident Doctor must not attend the decision-making panel. A meeting should be arranged only where the Training Programme Director or named academic supervisor indicates that Outcomes 2, 3 or 4 may apply to the clinical or academic components. The academic report should be attached to the outcome documentation. *(Gold Guide 11th edition, GG11 – 5th August 2026, paragraphs 4.139–4.150).*

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 Resident Doctor's supporting documentation from the academic assessment, for review by the panel. The Resident Doctor 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 Resident Doctor should not attend the joint ARCP panel. 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 Resident Doctor. 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 Resident Doctor should not be given an outcome 2 or 3.

There may however be consideration as to whether the Resident Doctor 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 Resident Doctor, 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, Resident Doctor and their academic supervisor. Additional information can be found in **Appendix 3: Assessing the academic progress of Clinical Academics**

Outcome 10 (force majeure): Outcomes 10.1 and 10.2 are retained for national emergency or force majeure circumstances but remain dormant unless their use is directed by the four UK statutory education bodies. Outcome 10.1 is equivalent to Outcome 2 and Outcome 10.2 is equivalent to Outcome 3; specific C codes may also be directed. Review and appeal arrangements for Outcomes 10.1 and 10.2 mirror those for Outcomes 2 and 3 respectively. *(Gold Guide 11th edition, GG11 – 5th August 2026, paragraphs 4.87, 4.92 and 4.165–4.167).*

ARCP Appeals

A Resident Doctor may request a **review** or (in some circumstances) an **appeal** against their ARCP outcome. **Requests must normally be made within 10 working days** of the Resident Doctor being notified of the decision. A review is where the original decision-makers reconsider the decision; an appeal is where a different panel considers the decision. Where applicable, reviews are normally completed within **15 working days** of receipt, and appeal hearings should normally take place within **30 working days** of the appeal request, with the decision notified in writing (where possible) within **5 working days** of the hearing. Deaneries/NHS local offices will have local processes for managing ARCP review/appeal procedures in line with the Gold Guide. *(Gold Guide 11th edition, GG11 – 5th August 2026, paragraphs 4.160–4.177).*

Section 3

The Penultimate Year Review

Introduction

The Penultimate Year Review (PYR) is a physician-training advisory review for Resident Doctors following the current physician curricula. It normally involves a review by a senior trainer in the specialty—such as an Educational Supervisor, Training Programme Director or External Advisor—and is used to identify mandatory curriculum requirements and recommendations to be completed before the final ARCP and CCT. The PYR does not replace the ARCP: decisions on progression, adjustments to the expected CCT date and any acceleration of training remain matters for the ARCP panel in accordance with the Gold Guide. *(Gold Guide 11th edition, paragraphs 4.6–4.7, 4.78 and 4.85–4.86).*

When should it take place?

The PYR should normally take place 12–18 months before the expected completion of training and should review progress against the relevant current curriculum and decision aid. Resident Doctors seeking dual certification require a separate review of each specialty or sub-specialty. Portfolio evidence, supervisor reports, required examinations and assessments should be reviewed in advance. Where possible, an External Advisor should have a confidential one-to-one discussion with the Resident Doctor about their training; however, any ARCP review of evidence and decision on progression must remain separate and the Resident Doctor must not be present while the ARCP outcome is decided. If the expected completion date is later adjusted, the date should be recorded in the supplementary documentation section of the ARCP outcome form. *(Gold Guide 11th edition, GG11 – 5th August 2026, paragraphs 4.78, 4.81, 4.84–4.89).*

Capabilities that remain outstanding, including SCE at the time of the PYR are identified and recorded as mandatory requirements (must be achieved) or recommendations to ensure the requirements of the curriculum are met in full. PYRs are required for all Resident Doctors in a medical specialty or sub-specialty

How long should a PYR take?

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

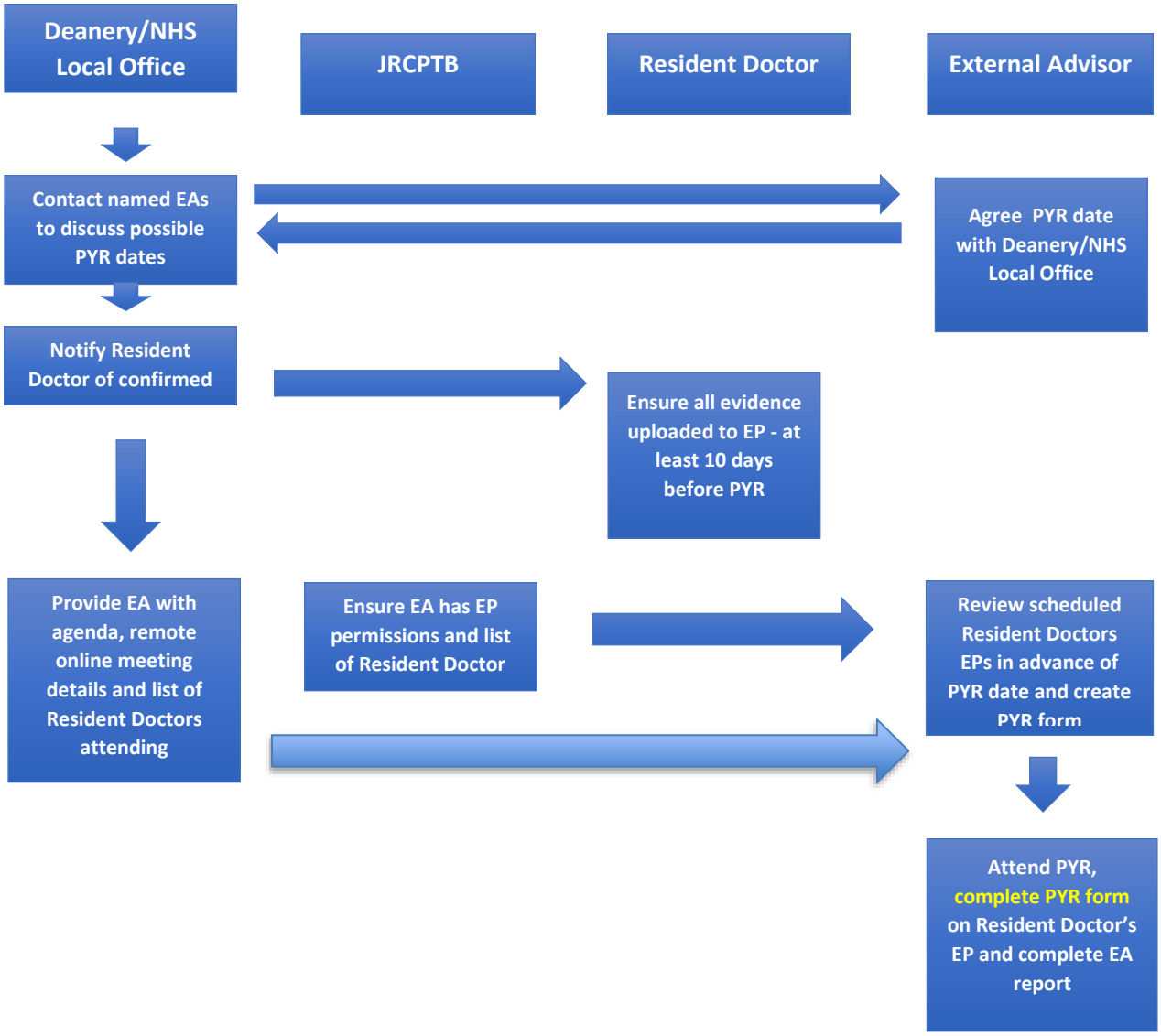
What is the deadline for finalising PYRs on e-portfolio?

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

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

Deanery/NHS Local Offices are responsible for arranging the PYR venue or remote meeting and the arrangements for the day.

The PYR process



Checklist for External Advisors completing a PYR

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

- Has the Resident Doctor transferred (if required in line with transitional guidance) to the most current specialty curriculum as this is what the PYR 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 PYR 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 e-portfolio evidence available, such as a table of the Resident Doctor's posts undertaken, (including start and end dates) absence exceeding 14 days* (when a Resident Doctor 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 (Accelerated training in Internal Medicine Stage 1 (IMS1) and Internal Medicine Stage 1 (IMS2) guidance)?
- Has the Resident Doctor's final CCT date been **calculated, set and recorded on the PYR form**?
- Have two separate PYRs (one for each specialty) been undertaken where Resident Doctors are seeking dual Certificate of Completion of Training (CCT)?

CPD online 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 PYRs should wherever possible, be conducted online, in real time.

When the PYR form has been completed, If the draft form option has been activated, the slider must be moved from Draft to Non-Draft in order for the PYR report to appear on the Resident Doctor's e-portfolio.

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

External Advisor retirements

Deaneries/NHS 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 Quality.Management@thefederation.uk to advise us of this, along with your replacement.

Section 4

Programme / Local Education Provider/Quality Review Panel visits

Deaneries/NHS England/SEB are responsible for specialty visits within their regions and may invite EAs to accompany them to routine Deanery/NHS Local Office monitoring visits to LEPs. The Deanery/NHS Local Office 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 Quality Management Team at JRCPTB for their records.

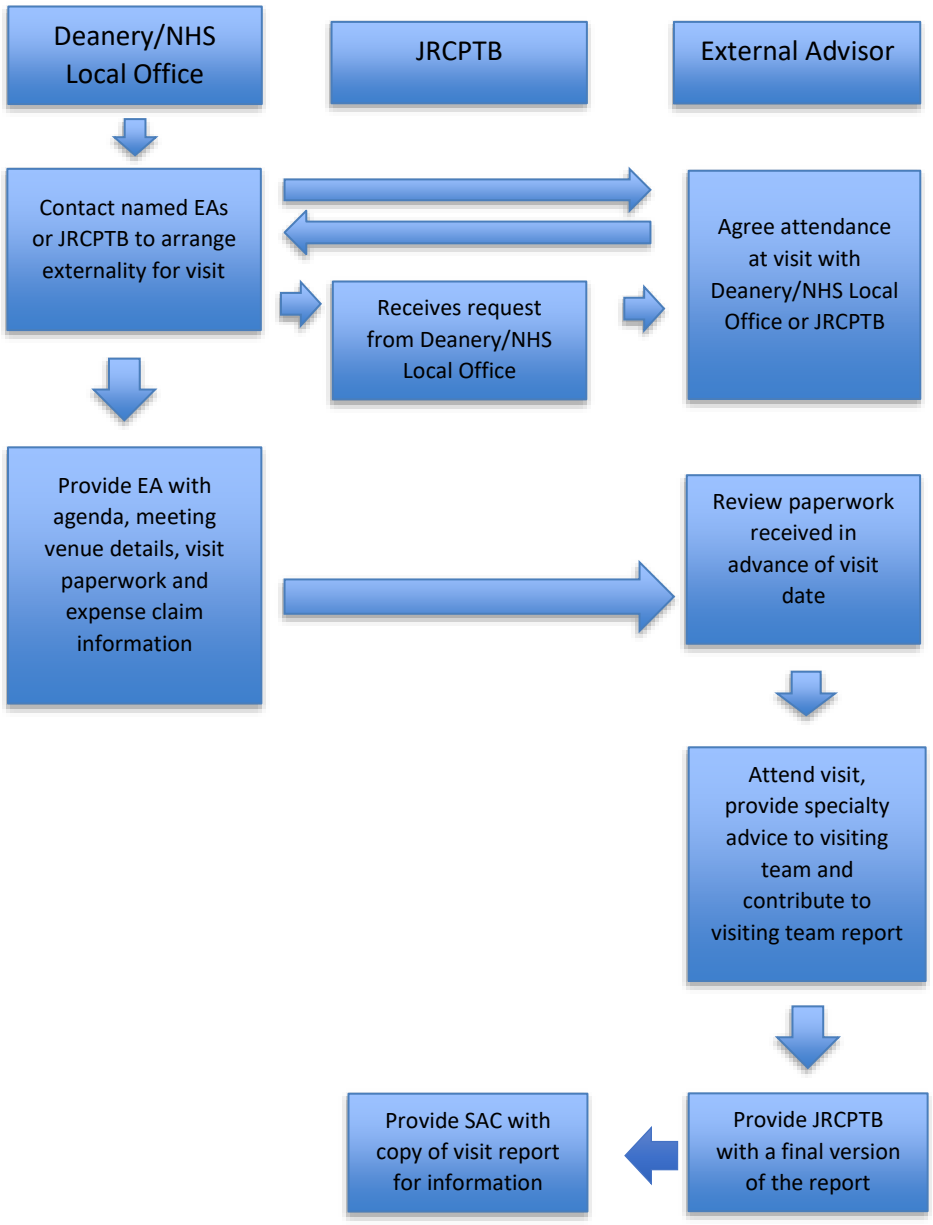
It is not expected that an EA will attend every Deanery/NHS Local Office led visit or that an individual EA will be invited to join a specialty visit every year.

Local Education Provider (LEP) targeted visits

When serious training problems have been identified or are suspected, specialist external input is mandatory. If the Deanery/NHS Local Office 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/NHS Local Offices must notify the JRCPTB at Quality.Management@thefederation.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

Appendix 1: External Advisor report template

External Advisor Report

Deanery/NHS Local Office & programme (e.g. East Midlands		**Date**	
Specialty		**GMC Programme Reference**	
Did you visit the Deanery/NHS Local Office or attend by teleconference?		**Is this your first ARCP / PYR panel as an EA?**	

	Number of Resident Doctors (RD's) present at assessment panel	**Number of Resident Doctors assessed in absentia**	**Total number of Resident Doctors assessed**
ARCP only			
ARCP with PYR			
PYR only			

ARCP Outcome	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**
Number awarded										

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

Please select Yes, No or N/A 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 Quality.Management@thefederation.uk

1. Process Does the panel review process consistently achieve the standards required by the Gold Guide by:	
• Ensuring RD's 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)	**YES / NO**
• Have arrangements been made for **ALL** RD's awarded with outcomes 2, 3 or 4 meet with the panel?	**YES / NO / N/A**
• Ensuring **ALL** Resident Doctors awarded with outcomes 2, 3 or 4 have had the opportunity to read the Educational Supervisor and/or TPD reports on their e-portfolio and have submitted a response if they wished to before the meeting?	**YES / NO / N/A**
• Ensuring Educational Supervisor Reports: ○ Reflect the learning agreement and agreed objectives ○ Show judgements are supported by the relevant evidence such as WPBA	**YES / NO**

○ Link progress with personal development and set out clear goals in the action plan for the coming year ○ Outline any changes to the learning agreement or remedial action taken during the training period for whatever reason	
• Ensuring other relevant evidence, on the e-Portfolio has been reviewed. For example: ○ Personal Development Plans ○ Relevant certificates, including ALS ○ Decision Aid requirements for year of training ○ Logbook of procedures (if applicable) ○ Form R including any relevant incidents/comments are noted by supervisor and reflected upon by the Resident Doctor	**YES / NO**
• Ensuring there are clear action plans and SMART objectives set at the ARCP for each RD	**YES/NO**
• Ensuring the reason for any unsatisfactory outcomes are recorded and communicated clearly? (Was/were the RD(s) made aware of the specific competences to be achieved and a timescale agreed for achieving outstanding competences?)	**YES / NO**
• Ensuring a panel member is present to present all of the specialties / curricula under review? (eg. for GIM and the specialty)	**YES / NO / N/A**
2. Decision-making	
Were the outcome decisions satisfactory and appropriate based on the evidence available?	**YES / NO**
Were recommendations and timescales for actions clearly communicated to the RD?	**YES / NO**
• Were mitigating circumstances, if known at the time of the decision, taken into account?	**YES / NO**
3. Quality of evidence • Was the evidence provided by the trainee and educational supervisor of a sufficient standard to make an informed decision with:	
• The Resident Doctor making appropriate use of their portfolio to record progress: ○ Maintaining an up to date log book or other agreed record of experience? ○ Maintaining an up-to-date PDP and recorded reflection where appropriate? ○ Using appropriate evidence (eg. WPBAs/SLEs, reflection, log book evidence etc) to link competences?	**YES / NO**
• Is the Educational Supervisor providing a sufficiently detailed report which reflects accurately the training progress?	**YES / NO**
• Are the supervisors providing quality feedback (WPBAs, appraisals) in sufficient quantity?	**YES / NO**
• Is there a process in place to give feedback to the supervisor on their reports ?	**YES / NO**
• Is there a process in place to give feedback to the supervisor about the SLEs, WPBA they have completed?	**YES/NO**
4. Curriculum delivery	
• Are there any gaps in specialty and sub specialty / modular experience? • If so, please details what are they and why in the Comments section below)	**YES / NO**
• 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)	**YES / NO**
• Is the Educational Supervisor engaging appropriately with training eg. undertaking appraisals and assessments as required?	**YES / NO**
• Are clinical supervisors assisting sufficiently with curriculum delivery as evidenced by the provision of WPBAs/SLEs?	**YES / NO**
5. Penultimate Year Review (if applicable)	
• Did the panel set any mandatory targets at this stage of training that concerned you eg. capabilities that should have already been achieved?	**YES / NO**
• Were any of these procedural capabilities?	**YES / NO / NA**
• Please list the procedures (if applicable)	
6. Equality and Diversity	
• 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.	**YES / NO**
• Were the decisions made based on the evidence presented in the Resident Doctors' e-Portfolios and at interview?	**YES / NO**
7. Summary	

• Overall, taking account of all of the above areas, how would you rate the ARCP / PYR process you observed at this Deanery / NHS Local Office? (please circle) **Outstanding / Good / Borderline / Unacceptable**	
• Has the date of the next ARCP/PYR panel been agreed with the Deanery / NHS Local Office?	**YES / NO**

Comments
General Comments: **Areas for Improvement:**
Good practice

Name:		**Date:**	
Signature:			
Deanery:			

Please email the completed form to: Quality.Management@thefederation.uk

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

External Advisor Report

Deanery/NHS Local Office & programme	**North West**	**Date**	**26/02/26**
Specialty	**Palliative Medicine**	**GMC Programme Reference**	**NWE1064**
Did you visit the Deanery/NHS Local Office or attend by teleconference?	**Teleconference**	**Is this your first ARCP / PYR panel as an EA?**	**No**

	Number of Resident Doctors (RDs) present at assessment panel	**Number of Resident Doctors assessed in absentia**	**Total number of Resident Doctors assessed**
ARCP only	**4**	**2**	**6**
ARCP with PYR	**2**		**2**
PYR only	**1**		**1**

ARCP Outcome	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**
Number awarded	**2**	**1**			**1**	**4**				

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 Quality.Management@thefederation.uk

1. Process Does the panel review process consistently achieve the standards required by the Gold Guide by:	
• Ensuring RDs 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)	**YES**
• Have arrangements been made for **ALL** RD's awarded with outcomes 2, 3 or 4 to meet with the panel?	**YES**
• Ensuring **ALL** Resident Doctors awarded with outcomes 2, 3 or 4 have had the opportunity to read the Educational Supervisor and/or TPD reports on their e-portfolio and have submitted a response if they wished to before the meeting?	**YES**
• Ensuring Educational Supervisor Reports: ○ Reflect the learning agreement and agreed objectives ○ Show judgements are supported by the relevant evidence such as WPBA ○ Link progress with personal development and set out clear goals in the action plan for the coming year ○ Outline any changes to the learning agreement or remedial action taken during the training period for whatever reason	**YES**
• Ensuring other relevant evidence, on the e-Portfolio has been reviewed. For example: ○ Personal Development Plans ○ Relevant certificates, including ALS ○ Decision Aid requirements for year of training ○ Logbook of procedures (if applicable) ○ Form R including any relevant incidents/comments are noted by supervisor and reflected upon by the trainee	**YES**
• Ensuring there are clear action plans and SMART objectives set at the ARCP for each RD	**YES**
• Ensuring the reason for any unsatisfactory outcomes are recorded and communicated clearly? (Was/were the RD(s) made aware of the specific competences to be achieved and a timescale agreed for achieving outstanding competences?)	**YES**
• Ensuring a panel member is present to present all of the specialties / curricula under review? (eg. for GIM and the specialty)	**YES**

2. Decision-making	
• Were the outcome decisions satisfactory and appropriate based on the evidence available?	**YES**
• Were recommendations and timescales for actions clearly communicated to the RD?	**YES**
• Were mitigating circumstances, if known at the time of the decision, taken into account?	**YES**
3. Quality of evidence • Was the evidence provided by the resident doctor and educational supervisor of a sufficient standard to make an informed decision with:	
• The Resident Doctor making appropriate use of their portfolio to record progress: o Maintaining an up to date log book or other agreed record of experience? o Maintaining an up-to-date PDP and recorded reflection where appropriate? o Using appropriate evidence (eg. WPBAs/SLEs, reflection, log book evidence etc) to link competences?	**YES**
• Is the Educational Supervisor providing a sufficiently detailed report which reflects accurately the training progress?	**NO**
• Are the supervisors providing quality feedback (WPBAs, appraisals) in sufficient quantity?	**NO**
• Is there a process in place to give feedback to the supervisor on their reports ?	**NO**
• Is there a process in place to give feedback to the supervisor about the SLEs, WPBA they have completed?	**NO**
4. Curriculum delivery	
• Are there any gaps in specialty and sub specialty / modular experience? • If so, please details what are they and why in the Comments section below)	**NO**
• 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)	**NO**
• Is the Educational Supervisor engaging appropriately with training eg. undertaking appraisals and assessments as required?	**NO**
• Are clinical supervisors assisting sufficiently with curriculum delivery as evidenced by the provision of WPBAs/SLEs?	**YES**
5. Penultimate Year Review (if applicable)	
• Did the panel set any mandatory targets at this stage of training that concerned you eg. capabilities that should have already been achieved?	**YES**
• Were any of these procedural capabilities?	**YES**
• Please list the procedures (if applicable)	**Spinal Lines**
6. Equality and Diversity	
• 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.	**NO**
• Were the decisions made based on the evidence presented in the Resident Doctors' e-Portfolios and at interview?	**YES**
7. Summary	
• Overall, taking account of all of the above areas, how would you rate the ARCP / PYR process you observed at this Deanery / NHS Local Office? (please circle) **Good**	
• Has the date of the next ARCP/PYR panel been agreed with the Deanery / NHS Local Office?	**YES**

Comments

General Comments:

Very organised process in place, with detailed portfolio review in advance of the ARCPs, led by the TPDs. Very clear and considered discussion. Process in place for 'PYR meetings for resident doctors.

ARCP Outcomes

The awarded outcomes were fair. In the review of evidence for Resident Doctors in absentia, it was apparent that some had not been identified as requiring a face to face or videoconference discussion so will need to be called for a later date.

Resident Doctors in difficulty were discussed in detail, and the conversation was sensitively handled.

Educational Supervisors Reports

ESRs 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 are low.

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 Resident Doctors in difficulty. These units clearly need some support and directing in how to perform the local College/Tutor TPD role.

Penultimate Year Review

One Resident Doctor had not yet achieved competency in Spinal Lines. Access to spinal lines training was difficult and summative DOPs assessments had not yet been completed.

Areas for Improvement:

In difficult cases, it may be helpful to have a senior clinical member of the deanery team on hand to involve in the discussions.

Good practice

The ARCP process functioned well and identified Resident Doctors that were not on track.

The process included clear briefing, with consensus sought throughout to ensure all panel members in agreement and appropriate correspondence reviewed pre-event.

It also identified units where ES engagement needs encouragement. Use was made of attendance at regional training days as a yardstick and Resident Doctors were encouraged to improve.

Name:		**Date:**	
Signature:			
Deanery:			

Please email the completed form to: Quality.Management@thefederation.uk

Appendix 3: Assessing the academic progress of Clinical Academics

In supporting resident doctors to develop the required research and educational capabilities, academic supervisors should apply the following principles, consistent with the Gold Guide 11th Edition (5 August 2026):

- Academic Clinical Fellowships are integrated clinical–academic training posts for resident doctors who meet the relevant clinical eligibility requirements and demonstrate potential to develop as clinical academics.
- Training should be flexible and centred on the resident doctor, with coordinated clinical and academic supervision, regular review and appropriate mentoring so that both curriculum and academic objectives are met.
- The resident doctor must hold the appropriate training number or approved academic training status for the programme, subject to specialty recruitment and clinical benchmarking requirements.
- A personalised academic development plan should identify intended outputs and milestones, including development of a research question, acquisition of relevant methods and governance skills, dissemination of work and preparation for a competitive doctoral or equivalent fellowship where appropriate.
- Academic progress must be reviewed before the ARCP and documented using the current Report on Academic Research Progress in Appendix 5, supported by relevant portfolio evidence. The report informs, but does not replace, the ARCP panel's assessment of clinical progression.
- The ARCP panel should consider the academic report alongside evidence of progress against the approved clinical curriculum and record the appropriate ARCP outcome and any relevant coding on the current outcome form.
- If academic progress is below expectation, the resident doctor should receive clear written objectives, timescales, support and review arrangements. Any effect on clinical progression or programme status must be managed through the applicable ARCP, employment and academic programme processes.
- Applications for, and awards of, research training fellowships or equivalent academic opportunities should be recorded as evidence of development; however, the ARCP outcome remains based on demonstrated progression against the clinical curriculum.
- Where a university appraisal or probation process covers the same evidence, it should be used to support the academic report and unnecessary duplication should be avoided, while ensuring that the ARCP panel receives the information needed to reach and document its decision.
- Completion of the academic appointment, award of CCT and progression to substantive clinical and/or academic roles are related but separate decisions; each must be evidenced and managed under the applicable programme, regulatory and employment arrangements.

https://www.thefederation.uk/training/training-certification/academic-training

Appendix **4: Glossary of terms**

ARCP	**Annual Review of Competence Progression:** The process whereby resident doctors in foundation or 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 Training Programme Director, the resident doctor in training and their employer.
Capabilities	High level, complex professional capabilities are flexible and adaptive in a wide range of contexts. Many of the qualities of effective professionals, such as clinicians, leaders and educators, can be characterised by such professional capabilities. This includes the kinds of outcomes and descriptors outlined in the General Medical Council's Generic Professional Capabilities Framework that are integral to their professional practice.
CCT	**Certificate of Completion of Training:** Awarded after successful completion of a specialty training programme, all of which has been prospectively approved by the General Medical Council.
CIPs	Capabilities in Practice are high level learning outcomes/ capability acquisition across both the generic and the clinical capabilities in practice that describe the professional tasks and core work expected of a Resident Doctor/medical trainee within a specific specialty curriculum.
Clinical Supervisor	A registered and licensed medical practitioner who is selected and appropriately trained to be responsible for overseeing the clinical work of a specified resident doctor in training and for providing constructive feedback during a training placement. Some training schemes appoint an educational supervisor for each placement. The roles of named clinical supervisor and educational supervisor may then be merged.
Competence	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.
Curriculum	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.
Deanery	The postgraduate medical education organisations and structures across the UK that manage General Medical Council-approved training programmes and the training posts within them. Postgraduate Deans are responsible for the management and quality of foundation and specialty training within their jurisdictions.
Educational supervisor	A registered and licensed medical practitioner who is selected and appropriately trained to be responsible for the overall supervision and management of the educational progress of a specified resident doctor in training during a training placement or series of placements. The educational supervisor is responsible for the resident doctor in training's educational agreement.
E-portfolio	An electronic educational portfolio containing evidence of a resident doctor in training's learning, assessments, achievements and progression over time.
HEIW	Health Education and Improvement Wales
GMC	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.
PSD Scotland	**Public Services Delivery Scotland:** Brings together NHS Education for Scotland (NES) and NHS National Services Scotland (NSS) as a single national organisation supporting modernisation across Scotland's health, care and wider public services.
PYR	**Penultimate Year Review (PYR)**: A physician-training advisory review for Resident Doctors following the current physician curricula. It normally involves a review by

	a senior trainer in the specialty—such as an Educational Supervisor, Training Programme Director or External Advisor—and is used to identify mandatory curriculum requirements and recommendations to be completed before the final ARCP and completion of training.
NHSE WTE	**NHS England Workforce, Training and Education**
NIMDTA	**Northern Ireland Medical and Dental Training Agency**
NTN	National Training Number: The number allocated by NHSE WTE, PSD Scotland, HEIW or NIMDTA to individuals in specialty training programmes that, subject to satisfactory progress, have an end point of the award of a Certificate of Completion of Training.
Programme	A managed educational experience. As defined by the General Medical Council, 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 General Medical Council approves programmes of training in all specialties, including general practice. The programmes are managed by a Training Programme Director or their equivalent. A programme is not a personal programme undertaken by a particular resident doctor in training.
SAC	**Specialty Advisory Committee:** 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
Specialty training	The designation of training after completion of the foundation programme, applying to those undertaking a specialty training programme approved by the General Medical Council.
TPD	**Training Programme Director:** The GMC requires that training programmes are led by TPDs (or their equivalent). TPDs have responsibility for managing specialty training programmes.

References updated to align with Gold Guide version 11, August 2026

Appendix 5: Types of ARCP outcomes

Types of Outcomes

Outcome Type	Description
0	No ARCP outcome issued; the reason should be recorded using the applicable N code.
1	Achieving progress and capabilities at the expected rate.
2	Development of specific capabilities required; additional training time not required. Not applicable in foundation training.
3	Development of specific capabilities required; additional training time required.
4	Released from the training programme with or without specified capabilities.
5	Incomplete evidence presented; an assessment of progression cannot be made.
6	Achieved all required capabilities for completion of the programme; will be recommended as having completed foundation, core or specialty training and, where applicable, for award of an FPCC or CCT.
7.1	Achieving progress at the expected rate in the fixed-term post, or completion of the post.
7.2	Development of specific capabilities required in a fixed-term post; additional training time not required.
7.3	Development of specific capabilities required in a fixed-term post; additional training time required.
7.4	Incomplete evidence presented for a fixed-term post.
8	Out of programme for clinical experience, research, career break or pause (OOPE/OOPR/OOPC/OOPP). Outcome 8 is not used for OOPT or prospectively approved OOPR contributing to training.
10.1	Progress is satisfactory, but acquisition of capabilities has been delayed by national emergency or force majeure disruption. The resident doctor in training is not at a critical progression point and can progress. Any subsequent additional training time will be reviewed at the next ARCP.
10.2	Progress is satisfactory, but acquisition of capabilities has been delayed by national emergency or force majeure disruption. The resident doctor in training is at a critical progression point and additional training time is required.