

Revalidation for trainees and the annual review of competency progression (ARCP)

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ABSTRACT – Revalidation for doctors in the UK began in December 2012. Doctors in training need to revalidate every 5 years after obtaining their licence to practice and also at the point of achieving their certificate of completion of training. The annual review of competency progression (ARCP) is the vehicle for revalidation discussions. Postgraduate deans are the responsible officers for trainees and there are new processes in place, including responsibilities for educational supervisors and ARCP panels to ensure that postgraduate deans can fulfil their General Medical Council obligations. In this article, I give examples of how this might work in practice.

KEY WORDS: Revalidation, trainees, annual review of competency progression (ARCP), responsible officer, postgraduate dean

The background to revalidation for trainees

Revalidation for doctors in the UK formally began in December 2012 and is the 5-year successful renewal of a doctor's licence to practice.¹ Two fundamental arguments underpin revalidation: to give patients greater confidence in the profession and to support the individual in maintaining and improving their practice.

The General Medical Council (GMC) decided early on that all doctors in training would need to revalidate in the same way if they wished to maintain their licence to practice. The GMC also determined that the postgraduate dean in the deanery (or local education and training boards [LETB]), who managed the training programme, would become the responsible officer. The deanery (and subsequently the LETB) is the 'designated body' that, for a doctor in training, has the formal prescribed connection to ensure that the doctor is properly supervised and managed in maintaining their professional standards. Thus, it is the postgraduate dean, as the responsible officer, who will make revalidation recommendations to the GMC.

Therefore, a doctor in training will be formally revalidated every 5 years, starting from when they obtain their licence to practice at the end of their foundation year (FY) one (FY1). The postgraduate dean also has to make a revalidation declaration at the point at which the doctor obtains their certificate for completion of training (CCT). Thus, a doctor training as a general practitioner, having done a year of FY2 training and then 3 years of specialty training, will have a revalidation decision made at the point of their CCT. However, doctors in most other specialties,

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Table 1. Educational supervisor's report sign-off.

Details of concerns/investigations:	
Are you aware if this trainee has been involved in any conduct, capability or serious untoward incidents/significant event investigation or named in any complaint?	Yes/ No
If so, are you aware if it has/these have been resolved satisfactorily with no unresolved concerns about a trainee's fitness to practice or conduct?	Yes/No
Comments, if any:	
The section below is only applicable for the clinical/educational supervisor of a GP trainee in a primary care placement:	
If there is an unresolved concern or conduct, capability/SUI investigation or a complaint for this trainee, please complete the exception exit report and notify the deanery	
GP = general practitioner; SUI = serious untoward event.	

certainly all those training to be physicians, will need to have at least one revalidation decision, if not two, made during their training as well as at the point of CCT.

The challenge for postgraduate deans is that they are not the employer of the trainee, yet the revalidation decision must be based on the whole of the scope of practice of the doctor. This means that issues, such as significant incidents or complaints that might have been seen previously to be purely the responsibility of the employer, must now be fully disclosed to the postgraduate dean as the responsible officer. Thus, any matter that the medical director of the employing trust would know about must also be known to the postgraduate dean. The situation becomes more complex when doctors move in and out of training posts and career grade posts, when the responsible officer for the trainee will change each time and the information flows must also follow the doctor to enable proper revalidation decisions.

The annual review of competency progression

All doctors in training, including foundation year doctors from 2013, have an annual review of their competency progression, when they present a portfolio of information about their practice and the competencies that they have achieved against the curriculum they are currently studying. This already involves a review of most aspects of a doctor's practice and training, and portfolios are increasingly detailed and comprehensive. Therefore, the GMC decided that the annual review of competency progression (ARCP) should be used as the vehicle for progress towards revalidation in the same way that the annual appraisal is used for career-grade doctors, including consultants. No extra assessments or

appraisals are needed for doctors in training over and above the processes that are already in place. However, the ARCP panel requires access to more information than is currently guaranteed. This was to assure themselves that there were no serious incidents, significant events, conduct problems or serious complaints that might in any way raise concern about the trainee's fitness to practice. The standard self-declarations that other staff, such as consultants, already do around health conduct and criminal convictions also need to be put in place to make revalidation a seamless process for all doctors.

During 2011–2012, there was an English national revalidation pilot that determined that three further sources of information needed to be available to the ARCP panel.² These were an enhanced trainee declaration (form R), an updated educational supervisor's declaration and, finally, an exit report from each employer over the year before that ARCP. For the trainee, the enhanced form R (the self-declaration) ensures that: all work and placements including locums are declared; any investigated significant event has been dealt with and reflected upon within the trainee's portfolio; any complaints have been logged, resolved and again reflected on within their portfolio; there is a record of compliments; and there are self-declarations on probity and health.

However, the report of the educational supervisor remains the key document at an ARCP discussion. The global assessment of a trainee's observed performance is crucial evidence for further progression. The educational supervisor is now asked to sign off if they are aware of any serious incidents or complaints and, if so, whether they have been resolved satisfactorily (Table 1). The educational supervisor does not need to make extra enquiries where they are aware of events because they are simply dealt with as part of routine appraisal discussions and logged within the trainee's portfolio. If there were any issues where it was unclear whether they had been properly resolved, then enquiries should be made of the medical director or other responsible officer in the employing organisation.

The third source of information is an employer's exit report. The deanery will send every employer, usually twice a year, a list of all the trainees that they have employed and their responsible officer will sign off to say that there are no significant concerns. If there are any fitness-to-practice concerns or unresolved problems, then an exception report is made for the deanery, a copy of which must be given to the trainee.

Thus, the ARCP panel will now have greater self-declared information from the trainee, security of sign-off by the educational supervisor as well as confirmation from the trust that there are no concerns. There is one supplementary question on the ARCP form (Table 2) that relates to revalidation. It is important to recognise that this is quite separate from the educational decision-making, which has remained unchanged with the standard ARCP outcomes (Table 3). The revalidation questions and comments are simply to track any ongoing concern that might eventually affect revalidation or need for a fitness-to-practice discussion with the GMC. It is not in any sense a formal revalidation decision. Any decisions about revalidation can only be made by the postgraduate dean, but it does give an audit trail and will be particularly used for the transfer of information

between responsible officers. Indeed, it is not possible to recommend that the doctor should not be revalidated. The only recommendations allowed by the GMC are as follows: a positive recommendation; a deferral for more information; or notification to the GMC of non-engagement.

Therefore, trainees will only not be revalidated if they fail to engage at all with the ARCP process or if are referred to the GMC for fitness-to-practice procedures in exactly the same way as they are now.

The ARCP and revalidation concerns in practice

For most trainers, the work and outcomes of the ARCP panel³ will be little changed because there will be no concerns regarding revalidation and the discussion remains around educational progress. However, for a few trainers, fitness-to-practice concerns might be raised in the documentation and, simultaneously, there may or may not be educational concerns. It is possible to have no concerns educationally (an ARCP1) but still have ongoing potential revalidation concerns. Equally, it is possible to be released from the programme (with an ARCP4) but with no revalidation concerns. Several of these, as worked examples, are highlighted in Table 4. Thus, in example 1, a core medical trainee who has failed to pass their exams despite full support and extra remedial time will be released from the programme (ARCP4), but there is nothing to suggest

Table 2. Supplementary question on the annual review of competency progression form.

Revalidation:
There are no known causes of concern
There are causes of concern
Brief summary of concern:

Table 3. Annual review of competency progression outcomes 1–6.

Recommended outcomes from review panel
Satisfactory progress
1 Achieving progress and competences at the expected rate
Unsatisfactory or insufficient evidence*
2 Development of specific competences required – additional training time not required
3 Inadequate progress by the trainee – additional training time required
4 Released from training programme with or without specified competences
5 Incomplete evidence presented – additional training time may be required
Recommendation for completion of training
6 Gained all required competences

*Details are provided on a supplementary sheet. The panel will also meet with the trainee.

Table 4. Worked examples of possible annual review of competency progression outcomes and revalidation concerns in practice.

Example of issues	ARCP outcome	Cause for concern	Comment
1 Trainee has failed to pass exams in core training despite offered full support and remediation	4	No	This assumes no other complicating factors
2 Surgical trainee has been having difficulty mastering a particular technique	2	No	Provided the trainee is being properly supervised, there are no clinical governance issues or other causes for concern
3 There have been two patient complaints during the year about the rude behaviour of the trainee. The educational supervisor has discussed these in detail with the trainee. A plan of action has been agreed and documented in the e-portfolio and there have been no further problems over the past few months	1	No	Potential causes of concern have been properly identified, dealt with and resolved during the year, but are documented in the e-portfolio
4 There have been repeated concerns about difficult behaviour with staff and patients, and failing to work adequately as part of a team; issues are still ongoing despite interventions so far and an apparent lack of insight	3	Yes	These issues will need to be investigated by the employing organisation and evidence provided to the deanery. However, unless these can be resolved, not only is completion of training at risk, but these might also eventually be of a serious enough nature to involve the GMC
5 Doctor in scenario 4 makes progress and no further problems are recorded the following year	1	No	
6 Serious event by a trainee site marking a wrong limb is being investigated as a serious untoward incident at the time of ARCP. There have been no other issues at all concerning this trainee	1	Yes	The employing organisation will need to complete the investigation and inform the deanery of any outcomes for the trainee
7 Doctor in scenario 6 is found to have had some personal fault, but there were wider system errors. It has been fully discussed during the year with the educational supervisor and documented through the e-portfolio. There have been no further events	1	No	
8 Doctor has been referred to the GMC for having inappropriate sexual relations with two patients during a previous training programme. The specialty has no current concerns and the GMC interim panel has not suspended the doctor	1	Yes	
9 Doctor in scenario 8 has been suspended from the medical register for 1 year by the GMC	4	Yes	
10 A serious untoward incident has occurred and the police are involved in a manslaughter investigation. There have been no other concerns about training until this episode	3	Yes	Trainee must be presumed to be not guilty until proved otherwise, but the GMC would need to be informed. However, it is inevitable they will need more time for training

ARCP = annual review of competency progression; GMC = General Medical Council.

there is an ongoing fitness-to-practice concern. All these examples are for illustrative purposes; thus, even in example 1, if the reason that the trainee failed their exams was because they were drinking excess alcohol then there could be cause for concern as well as a GMC referral.

Summary

Revalidation has now started for all doctors, including trainees. Postgraduate deans have to make the first recommendations for trainees starting in April 2013.

The GMC has decided that the ARCP should be used as a vehicle for making judgements on the revalidation progress as well as educational judgements for those doctors in training. Several process changes have to be made to ensure that the panel has information about all aspects of a doctor's practice. Certainly, for most trainees, the ARCP process should be completely straightforward.

Competing interests

David Black devised and ran the English pilot of revalidation for the Revalidation Support Team.

References

- 1 General Medical Council, 2012. www.gmc-uk.org/doctors/revalidation.asp [Accessed 30 September 2013].
- 2 Revalidation Support Team. *Doctors in training pilot – a summary of findings*. London: National Health Service, 2012.
- 3 National Health Service. *The Gold Guide: a reference guide to Postgraduate Specialist Training in the UK* (4th edn). London: National Health Service, 2010.

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