

HEE ARCP review call for evidence

<https://healtheducationyh.onlinesurveys.ac.uk/arcps-review-call-for-evidence>

Page 1: Introduction

Annual Review of Competency Progression (ARCP) is the means by which doctors in postgraduate training are reviewed each year to assess their progression against standards set down in the curriculum for their training programme. It is also the means by which their full scope of work review is undertaken to satisfy revalidation requirements.

In March this year Health Education England (HEE) initiated a programme to deliver our mandate action to *'review the mechanisms by which doctors receive feedback to progress through training, including the ARCP to improve the training processes'*.

The review aims to explore the totality of the assessment and appraisal functions for junior doctors with a view to ensuring consistency for trainees. As a part of the review we are considering both processes and outcomes, and assessing how the ARCP process can best be utilised to ensure that safety and revalidation requirements are met whilst providing a process that meets trainees needs. To that end we are reviewing how trainees are asked to prepare for ARCP, the evidence required for submission, the operation of the panel itself, how feedback is provided from panel and how appraisal processes within different placements can support the process.

We have received feedback that there is inconsistency in the ARCP process across HEE localities and specialities, and the review is therefore an opportunity to draw out where processes are working most effectively and to spread this good practice.

Alongside the review, we are undertaking a wider programme of activity aimed to improve the working lives of junior doctors.

The programme is also providing an opportunity to look at how some aspects of the ARCP might be extended to the wider workforce. This could facilitate greater access to learning and development and ensure current and future patient and service needs can be met.

To date we have undertaken a comprehensive engagement process, holding two stakeholder engagement events with over 120 individuals attending each. We have worked closely with trainees, trainers, regulators, royal colleges and representatives from across the four nations to progress the review, and are developing recommendations through a model of co-production.

In order to help shape these recommendations, we are now commencing a call for evidence based upon the feedback we have received to date. This is an opportunity for our stakeholders to express their opinions on some of our developing hypothesis and to submit evidence to be considered when finalising our proposals. We specifically would like stakeholders to submit any work they have undertaken around the effective assessment and appraisal of junior doctors, and case studies based upon where the ARCP and appraisal processes have worked either effectively or poorly.

Below are a number of questions shaped by the opinions we have heard to date. You do not need to answer every question. If you could submit any evidence you have supporting your views it would be welcomed.

The call for evidence will run between **Wednesday 9th and Tuesday 29th August**. Where possible we would like to use the opinions and evidence submitted in our final recommendations report to be

published early in 2018. Please indicate if you would prefer us not to use your submission. Should you have any questions please contact us at ARCP@hee.nhs.uk.

Page 2: Respondent details

1. Name of respondent: Russell Ampofo/ Nigel Penfold
2. E-mail address rampofo@rcoa.ac.uk
3. Organisation RCoA
4. Job title: Director of Education, Training and Examinations
5. Are you responding as an individual or on behalf of your organisation? Organisation
6. How did you hear about the call for evidence? From Colleagues at another College/ organisation
7. Are you happy for us to use your response/ evidence in our final report? Yes
8. Would you be interested in continuing to work with us on the ARCP review? Yes

Page 3: Assessment and Appraisal

9. How confident can we be that the outcomes of current ARCP processes are a reliable indicator of competence? How could the process be developed to improve confidence? (please include any evidence you wish to support your response)

The majority of ARCPs allow the right people to progress, and support those who are not able. This is due to a huge amount of work by devoted trainers, TPDs, RA As HoSs and some ESS who do a huge amount of work in their own time to provide good ES reports, and to review portfolios and evidence, before the day of the ARCP meeting. It is a considerably large workload, for which they receive little thanks other than personal satisfaction, and often no remuneration. Despite training and the attendance of external advisers, there is variation in interpretation of rules, between regions. Requests for externals at ARCPs to the College are inconsistent which makes the quality assurance difficult to monitor at Deanery level. The College, centrally, picks up a number of inconsistencies, and questions them to improve consistency.

10. What value do you see in trainees receiving a formal appraisal undertaken by the Educational Supervisors? What challenges are there with this? (please include any evidence you wish to support your response)

Trainees deserve to meet their TPDs, RAAs, HoSs and others in charge of their training programme at least once per year. Anaesthesia has large numbers of trainees, and each one deserves 30 mins of their trainers' time so that they know they are progressing well (or not). They should feel that their efforts over the year were worthwhile, and they deserve some congratulation and some advice on training and careers going forward. The practice of self reviewing and reflecting on a year, in preparation for ARCP is invaluable to any professional. The formality lends gravitas to the appraisal, and trainees can feel that they are all being given the same opportunity. Organisation of ARCPs requires planning in good time, and it needs many people to be released from the workplace. However at present the importance of the ARCP is respected, so people are released. Getting external advisers and lay reps can be challenging, and documenting the process is onerous.

It is important for trainees to receive a structured appraisal of the people involved in the management, oversight and organisation of their training in order to get the most out of training

for the trainee. This would help in terms of career planning, resolving issues which are outside of formal training and planning next stages or how to develop in areas of specialist interest.

11. How could the ARCP process be adapted improve alignment with revalidation processes for doctors in non-training grades to enable a smoother transition for doctors moving in and out of training programmes? (please include any evidence you wish to support your response)

It is already well aligned with revalidation format. Evidence is collected under various headings in an electronic system, to support the doctor being allowed to continue practice. Consultants have some choice about the evidence they present, whereas trainees are satisfying a curriculum so evidence has to be fairly standardised and structured. Perhaps allowing a more personalised collection of evidence to senior trainees, and encouraging them to think about what they could and should submit, would prepare them better for revalidation.

Using the training structure would allow for those outside of formal training placements to develop true portfolio careers and utilise the CESR process and enhance career development in specialist areas. However as noted above, this process takes considerable time and effort of consultants, trainers, educational supervisors, regional advisers and administrative staff to organise and deliver to a high standard.

12. As a part of the review we are considering whether the balance between formative appraisal activity and summative assessment activity should shift, based upon the specific requirements of different stages of training. Do you feel that such an approach would be helpful?, Do you think there is less requirement for a 'tick box' exercise later in training and more need for an emphasis on qualitative appraisal? (please include any evidence you wish to support your response)

There should be some defined summative assessments in the curriculum (exams and completion of units of training in anaesthesia), and evidence of their completion must be submitted. There should be no 'tick-box' exercises at any stage of training, and if assessment is reduced to this it reflects badly on the trainer and trainee involved. Formative assessments should form the bulk of training.

Page 4: The wider workforce

There are four areas where we are currently exploring how principles from the ARCP process for junior doctors can be adapted and developed for the wider workforce, namely:

- Improving Surgical Training (IST)
- MSK in primary care
- Emergency Medicine
- Eye Care / Ophthalmology.

They are at a variety of stages of development but for each the aims are to:-

- Agree the scope of practice for roles and the clinical competencies they need to be able to deliver
- Agree curricula to underpin the roles, including how they are trained and assessed
- Identify a vehicle for delivery which must be cost effective
- Agree an end point assessment
- Agree a model for in service supervision

13. In considering the development of an ARCP type process for the wider workforce do you have examples of best practice we could review? (e.g a portfolio or documentation which could support the process?) (please include any evidence you wish to support your response)

NO

14. What are the benefits and potential outcomes for individuals involved in the process? (please include any evidence you wish to support your response)

ARCP with central review of electronic evidence of assessments done in many training environments, suits medical rotations where large numbers of trainees are following the same curriculum in different hospitals, but require some central standardised review. It may not be applicable to other training programmes and disciplines.

15. What may be the wider system challenges in developing this approach for the wider workforce? (please include any evidence you wish to support your response)

Getting time to organise and run assessments and appraisals is hard because it removes trainers from the workplace. Feedback to trainees is essential, whether given in the workplace regularly or by training leads in a more formal setting, and time must be made to do it.

Are there any other comments you would like to make?