**Revalidation Information for ARCP/RITA panels,**

**Heads of School, TPDs**

**Important Principles –**

* Every doctor who is fully registered with a licence to practise now needs to revalidate regularly, demonstrating that they are keeping up to date and practising safely.
* This includes doctors in foundation year two and all of specialty training.
* Revalidation is the renewal of a licence to practise and is separate from Fitness to Practise, which would affect GMC registration.
* All doctors will be involved at some stage in complaints and untoward incidents – trainees should be reflecting on these in their portfolio and be aware of changes to be made to prevent further incidents. Failure to reflect and learn from such incidents should be identified through the educational system.
* As part of the educational process, there will be on-going assessment by the Educational and Clinical Supervisors as to whether there are any fitness to practise concerns, especially when the trainee is involved in critical incidents and complaints.
* Any fitness to practise concerns should **at any time** be escalated to the DME and Head of School and investigated either by the Trust HR department (for employer issues) or through the School processes.
* Such concerns should also be notified to the Dean, as Responsible Officer (RO) of Health Education Thames Valley (HETV, previously known as the Oxford Deanery), for doctors in training.
* An outcome 5 will automatically be given if revalidation paperwork is not submitted by the trainee (Form R)
* A trainee’s outcome form will be used for Transfer of Information from RO to RO; it is very important if concerns are raised that an informative summary is added to the outcome form.

**The ARCP/RITA is the formal process at which it is confirmed annually that there are NO revalidation concerns for most trainees; this is NOT the place where fitness to practise is first raised.**

**Role of the ARCP/RITA panel in revalidation –**

It is the Dean, as Responsible Officer, who makes the revalidation recommendation. It is important to note that whilst ARCP/RITA and Revalidation are intertwined, they are not interdependent. ARCP/RITA outcomes should continue to be issued following the review of submitted evidence and are separate to the review of revalidation paperwork (except if paperwork is absent as above). Please see [Appendix 1](#Appendix_1) for scenarios detailing the difference between ARCP outcomes and revalidation concerns. The principles are the same for RITAs.

The role of the ARCP/RITA panel in revalidation is to confirm that there are NO concerns which would affect the revalidation of the trainee, such as unresolved investigations, health or probity issues. For the first time, this will include the WHOLE scope of the trainee’s work including locum work, voluntary work etc.

**The information which is provided to the panel for revalidation is** -

* **Enhanced Form R** – has been extended to form a self-declaration from the doctor in training
* Trainee’s **Wider Scope of Practice** form. If a doctor declares on their Form R that they are working as a doctor in other areas than their training programme, they must also complete a “wider scope of practice” form. The trainee must have this form counter-signed by their Educational Supervisor and have reflected on that work in their portfolio
* New **educational supervisor’s report** – includes a question as to whether the educational supervisor is aware of any unresolved investigations, health or probity concerns which may affect revalidation (generally will be in the e-portfolio, but if not, trainees are asked to provide a paper copy; [Appendix 2](#Appendix_2)). The ES should also confirm that the trainee has reflected on any incidents either on their e-portfolio (ARCP) or in their paper portfolio (RITA).
* **Trust/Area Team** will complete a **collective exit report** with details of any significant events/complaints that are still unresolved. They will already have informed the RO if there are any concerns about the trainee. The reasons for the panel to see this information are to ensure that the trainee has reflected and learned from any such incidents as part of the educational process, and to be aware of any investigations that are still open.
* **OOP** For those trainees who have been out of programme during the review period of the ARCP/RITA, it is important to ensure that they have collected suitable evidence to support revalidation. Further information can be found in [Appendix 3](#Appendix_3).

The GMC has recommended that doctors in training do not look outside of their training programme to obtain evidence to support revalidation. **Trainees are not required to collect patient feedback, 360° appraisal etc where it does not already form part of the curriculum**.

**The key roles of the panel are:**

* To review any involvement in significant events and ensure sufficient reflection and learning has taken place. This will involve looking at the electronic (ARCP) or paper portfolio (RITA) and check if declared on the Form R and trust/area team collective exit report
* To review the scope of practice and ensure sufficient evidence is recorded.
* To confirm that the panel is not aware of any concerns which would affect revalidation.
* **To state clearly on the outcome form if there are any ongoing investigations which may relate to fitness to practise.** On some occasions the trainee may be minimally involved and the panel will not have concerns about fitness to practise.
* To complete:
1. Evidence checklist.
2. Revalidation question on outcome form
* It is not the responsibility of the panel to make a recommendation for revalidation – this rests with the Dean, as RO.
* See [Appendix 4](#Appendix_4) for ARCP/RITA flowchart.

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

All trainees with fitness to practise concerns should be reported to the Responsible Officer’s Advisory Group (e-mail Branwen Thomas, Revalidation manager, or Dr Julie Edge, interim Revalidation Associate Dean). A monthly meeting is held to discuss trainees with fitness to practise and revalidation concerns reported from any agency, including the GMC, and to ensure that there are support plans in place. If you have concerns about any trainees on your programme, please inform this group at any time. A discussion is welcomed if you are not sure whether or not there is a fitness to practise concern.

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**Julie Edge, Associate Dean for Revalidation (****julie.edge@thamesvalley.hee.nhs.uk****)**

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

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

Deaneries will be using the ARCP process to deliver the revalidation requirements for trainees. The examples below are given to assist trainees and ARCP panels (and particularly panel chairs), in recognising the differences between problems that affect the training outcome and wider causes for concern about the revalidation recommendation. Trainees should be reassured that the great majority of issues that may affect their ARCP outcome will not prevent the Dean from making a positive revalidation recommendation. The examples below are not exhaustive, but are given to illustrate the differences involved.

These scenarios are largely taken from the Yorkshire and Humber Deanery website with grateful thanks. They have been adapted for local circumstances.

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| --- | --- | --- | --- | --- |
| Example of issues | ARCP Outcome | Cause for Concern | Comment | Responsible Officer actions |
| 1. Trainee failing to pass exams in core training despite offered support and remediation | 4 | No | There is no reason why this trainee should not work as a doctor in other roles, although they should be referred to the CDU for discussion about career options | Can be recommended for revalidation |
| 2. Surgical trainee 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. | Can be recommended for revalidation |
| 3. There have been two patient complaints during the year about rude behaviour by 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 in the last few months. | 1 | No | Potential causes of concern have been properly identified, dealt with and resolved in year and there is clear documentation with appropriate reflection in the e-portfolio.  | Can be recommended for revalidation |

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| --- | --- | --- | --- | --- |
| Example of issues | ARCP Outcome | Cause for Concern | Comment | Responsible Officer actions |
| 4. There have been repeated concerns about difficult behaviour with staff and patients.  Failing to work adequately as part of a team; issues still ongoing despite interventions so far and an apparent lack of insight. | 3 | Yes | These issues will need to be investigated by the employing organisation and evidence provided to the PGMDE.  However, unless these can be resolved not only is completion of training at risk but these may well be eventually of a serious enough nature to involve the GMC. | This will be discussed at the Responsible Officer’s Advisory Group and action monitored. The GMC may need to be involved; RO would discuss with the GMC Employer Liaison Officer (ELA).  |
| 5. Doctor in scenario (4) makes progress and no further problems were recorded in the following year. | 1 | No |   | Can be recommended for revalidation |
| 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 PGMDE of any outcomes for the trainee. | If this occurs within the revalidation year, it would require a deferral of revalidation until the investigation is complete. This will be discussed at the Responsible Officer’s Advisory Group and action monitored. The GMC may need to be involved; RO would discuss with the GMC ELA. |
| 7. Doctor in (6) is found to have had some personal fault but there were wider system errors.  It has been fully discussed in year with the educational supervisor and documented through the e-portfolio.  There have been no further events. | 1 | No | The employing organisation would discuss with the GMC ELA during their own investigation although it would be unlikely to need GMC referral. | This should be discussed by the RO and GMC ELA – there is no assumption that a referral would take place but single clinical incidents do arise and are regularly discussed between an RO and ELA.  |
| 8. Doctor has been referred to the GMC for having inappropriate sexual relations with two patients during a previous training programme.  The Specialty have no current concerns and the GMC interim panel has not suspended the doctor. | 1 | Panel may say No as may be unaware of the GMC referral, so long as they have no OTHER concerns | The ARCP panel may not be informed of GMC referrals, especially ones that occurred during a previous programme. The panel is only responsible for is stating that there are no concerns to their knowledge currently. | The RO (Dean) will be aware of the previous referral via the GMC and will be monitoring the situation and discussing with the GMC ELA. Revalidation is **on hold** during a period when the GMC is investigating a referral. |

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| --- | --- | --- | --- | --- |
| Example of issues | ARCP Outcome | Cause for Concern | Comment | Responsible Officer actions |
| 9. Doctor in (7) is suspended for 3-6 months by an Interim Orders panel of the GMC until completion of a GMC investigation  | 3 | Yes | The trainee would generally remain on the training programme, but would not be working in the trust while the investigation was ongoing | The RO (Dean) will be aware of the referral via the GMC and will be monitoring the situation and discussing with the GMC ELA. Revalidation is **on hold** during a period GMC investigation |
| 10. Doctor in (7) is suspended from the medical register for one year by a Fitness to Practise panel of the GMC. | 4 | Yes |  Trainees without current registration with the GMC cannot remain on the training programme | Revalidation would not take place as the doctor has no license to practise.  |
| 11. 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. The trainee may be suspended pending investigation by the Trust | The GMC would put revalidation on hold while they investigate such an incident. The trainee would be informed of this by the GMC once the investigation is under way.  |
| 12. A trainee has completed training and is at CCT date, with no previous concerns. However, there is an outstanding SUI investigation at the Trust  | 6 | Yes | Award of ARCP outcome 6 can proceed with application for entry onto the Specialist Register (and taking up a Consultant post). | Revalidation recommendation will be deferred until the investigation is complete. The next RO will need to be briefed on the concerns via the national Transfer of Information form (being developed) so that they can respond when the evidence is complete and has been considered, if the trainee by that time has moved to another trust. |
| 13. Trainee involved in a conduct investigation at the Trust following an outburst on the ward. However, the trainee is leaving the training programme to take up a post in a training programme in a different specialty.  | 3 | Yes | Specialty decides that further training time would be required if the trainee were remaining in this specialty. However as the trainee is leaving the programme, they will not follow this up. | Revalidation recommendation will be deferred until the investigation is complete. The next RO will need to be briefed on the concerns via the national Transfer of Information form (being developed) so that they can respond when the evidence is complete  |
| 14. Trainee has failed to send in Form R at least a week before the ARCP  | 5 | No | This is lack of evidence. There are no known fitness to practise concerns but the ARCP will be re-scheduled so this will be looked at again once evidence is available. Training time and therefore CCT may have to be extended. | If this was just before revalidation RO would have to defer until the evidence was provided. |

**Appendix 2 – additional question to ES/CS report**

Form for completion by Educational and Clinical Supervisors where an electronic declaration does not exist e.g. for RITAs or for Schools which do not have a revalidation-ready electronic trainer’s report.

|  |
| --- |
| **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: |
| Name of ES / CS |  |
| Signature of ES/CS |  |
| Date |  |
|  |  |
| Name of Trainee: |  |
| Signature of Trainee |  |
| Date: |  |

**Appendix 3 - OOP guidance**

**Revalidation Guidance for Doctors in Training Undertaking**

**all forms of Out of Programme Work**

All doctors now have to revalidate at 5 year intervals **and** at the point of award of CCT. This clock is generally not influenced by periods OOP. The only time that this may change is if you are having a career break at the time of revalidation and have not been able to collect any evidence, when the responsible officer may allow deferral of revalidation until you resume practice.

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

**Your ARCP/RITA date will be set in advance as usual and you will be required to submit evidence and attend if necessary as requested by your Training Programme Director in the Oxford Deanery.**

**For trainees in ALL types of OOP**

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

* **Engage with and complete the requirements of any training component of work you are undertaking, including provision of a Supervisor’s Report, completion of online portfolios and any work place based assessments as specified by your specialty. This continues during any work overseas.**
* **Engage in, and provide documentary evidence of involvement with, the appraisal or review process in your host organisation, and retain any paperwork for submission to the ARCP/RITA panel.**
* **Complete the enhanced Form R, listing any wider work that you perform, and answering the revalidation questions about any incidents, complaints, health and probity in readiness for revalidation.**
* **Complete a Wider Scope of Practice form if relevant, detailing your entire scope of practise including locum and other wider work as a doctor which is NOT part of your training programme. Provide evidence that you are satisfying the GMC domains across that scope of practice. This form must be signed by your Educational Supervisor**

For extra requirements in individual OOP types please see details over the page:**Out of Programme for Training (OOP(T))**

The ARCP and RITA outcomes for trainees undertaking satisfactory OOP(T) are the same as those when in the training programme. The panel will also need all the evidence listed above to make a judgement about your readiness for revalidation.

**Out of Programme for Research (OOP(R))**

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

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

* **Be aware of and abide by the GMC Guidance on Good Practice in Research:**

[**http://www.gmc-uk.org/guidance/ethical\_guidance/research.asp**](http://www.gmc-uk.org/guidance/ethical_guidance/research.asp)

* **Submit a completed academic supervisor’s report for each period/post of research.**
* **If you are also carrying out clinical work, you will also need to provide a Clinical or Educational Supervisor’s report through your e-portfolio or on paper.**

**Out of Programme for Experience (OOP(E))**

The ARCP and RITA outcomes for trainees undertaking satisfactory OOP(E) have not changed and you should routinely be awarded an 8 or F respectively. However the panel will need the evidence listed above to make a judgement about your readiness for revalidation.

**Out of Programme for Career Break (OOP(C))**

If you do not undertake any medical work at all during the year before your revalidation date, then the Dean may recommend a deferral of your revalidation date.

If you have a shorter period of OOP(C) than a full year or you do undertake any medical work during this period, you will need to provide evidence as detailed above. In particular you will also need to;

**Engage with any Return to Training Scheme run by your School prior to leaving, during, and upon your return to training.**

**Keep an accurate record of any medically related work you undertake whilst you are not working in your training programme, including any assessments or appraisals.**

**Keep an accurate record of any educational events that you are involved with for example attending training days and record in your portfolio.**

**Appendix 4 - ARCP flowchart**

**Part 1
ARCP/RITA**

Award ARCP outcome

Unsatisfactory outcome awarded

Satisfactory outcome awarded

**Part 2
Revalidation**

**Review evidence:**

* Form R – has an issue been declared and reflected on?
* Wider Scope of Practice Form (if appropriate)
* Trust / Area Team collective report / exception report
* ES report
* Other reports OOP / Academic

**Have concerns been raised about revalidation in ANY of the above documents?**

**YES**

**NO**

**Has the issue been resolved satisfactorily?**

**✔ Tick the revalidation box on ARCP outcome form that there are no known causes of concern**

**NO
e.g investigation not resolved**

**✔ Tick the revalidation box on ARCP outcome form that there are causes of concern and provide a summary**

**The panel is satisfied there are no further concerns**

**YES**

**FINISH ARCP PART 1**

Form R received?

**YES**

**NO = outcome 5**

Discuss with trainee any concerns raised