

SCOTLAND DEANERY ARCP PROCESS – 2026

KEY PRINCIPLES

1. The Scotland Deanery ARCP process 2026 is based on the recommendations of the:

[Gold Guide \(Reference for Postgraduate Foundation & Speciality Training in the UK, 10th Edition, August 2024\)](#)

2. The Annual Review of Competence Progression (ARCP) usually takes place once per year for all resident doctors (including Less Than Full Time resident doctors (LTFT)), and with no more than a maximum interval of 15 months. The Gold Guide allows for more than one ARCP within a training year if required (GG 4.39).

3. The ARCP process is comprised of 2 parts:

i) ARCP (Virtual Desktop review by ARCP panel, resident doctor not in attendance)

ii) Post ARCP resident doctor meetings should be undertaken for outcomes (2, 3, 4 or LAT equivalent). The standard approach to meetings is that they will be virtual, however arrangements may be possible for face-to-face meetings if requested by the resident doctor.

4. The ARCP (virtual desktop review) is a review of the documented and submitted evidence that is presented by the resident doctor and as such the resident doctor should not attend the panel. (GG 4.83)

5. The post ARCP resident doctor meetings provide an opportunity for the panel, or a small number of senior educators, to meet with the resident doctor and discuss their ARCP outcome in full and provide support and specific objectives for the resident doctor going forward.

6. The Deanery has created standard emails and documentation for the ARCP process. There should not be any requirement for standard documentation/emails to be amended unless there are unique/exceptional circumstances. Modified specialty-specific evidence requirements will be outlined by the relevant Royal Colleges/Faculties and United Kingdom Foundation Programme Office (UKFPO) and links (where available) will be listed on the Scotland Deanery website. Additional evidence requirements should not be added to standard documentation/emails.

7. All resident doctors are required to submit their evidence, in readiness for the virtual desktop ARCP, by a specified date (the cut-off date) which will be advised by their training programme administrator. The Deanery requests that resident doctors and educational supervisors work towards and meet this submission date. If there are challenges in meeting this deadline resident doctors should contact their training programme administrator at the earliest opportunity for advice.

8. Outcome 5 will be applied when any of the requested evidence is not submitted by the specified deadline.

9. Where a single outcome 5 is issued, it is viewed as a neutral outcome, or 'holding response'. Where repeated outcome 5s are issued, this may indicate a lack of engagement from a resident doctor which should be explored by the training team. In all cases, a follow up outcome will be issued once all evidence has been submitted/ reviewed.

10. Process documents for [outcome 5](#) –should be referred to. If panels or the Training Management (TM) administrator is unsure how to proceed, they should consult with a senior member of TM staff. Arrangements will be in place to ensure timely access to a senior member of TM staff during ARCPs.

11. Resident doctors will have been notified of dates/times by email approximately six months prior to the intended ARCP date by the relevant TM administrator. In exceptional circumstances, these dates may be subject to change, and resident doctors may be updated with a range of dates during which ARCPs will be completed. Training programme administrators will however advise a date by which all ARCP outcomes will be available.

12. Where it is not possible to complete all ARCPs as planned, priority will be given to undertaking ARCPs for resident doctors in training at a critical progression point (i.e., completion of a training programme or completion of training). If it is not possible to convene a panel, the N13 code will be entered.

13. It should be noted that the Gold guide has retained provision for the use of outcome 10 in a national emergency or that may be applied in circumstances of 'force majeure'. Outcome 10's must only be used following a directive from the UK statutory education bodies.

THE PROCESS

ARCP Panel Membership

14. Foundation ARCP: panel will consist of:

- 2 x medical educators (e.g., APGD, FPD, or another appropriate medical educator as approved by the Postgraduate Dean/Deputy Dean)
- Lay Representative (if required)
- TM administrator.

The most senior NES medical educator will be the nominated deputy of the Postgraduate Dean/Deputy Dean and will chair the ARCP; (GG4.68)

The above represents standard panel arrangements, however in the event of a national emergency or 'force majeure' that would restrict availability of panel members, the minimum panel size may be reduced to 1 x medical educator (plus a lay representative or TM administrator).

15. Core/Specialty ARCPs: panel will consist of:

- Chair (medical educator, e.g., TPD, APGD, Assistant GPD)
- A further 2-6 x medical educators (e.g., Programme Director, Educational Supervisor).
- TM administrator
- Lay representative (if required)
- Panels may also include academic, Defence Deanery or external representatives as required/ available.

All ARCP panels will be supported and advised by a TM administrator. The most senior NES medical educator will be the nominated deputy of the Postgraduate Dean/Deputy Dean and will chair the ARCP (GG 4.69).

The above represents standard panel arrangements, however in the event of a national emergency or 'force majeure' that would restrict availability of panel members, the minimum panel size may be reduced to 2 x medical educator (plus a lay representative or TM administrator. One of the two medical educators may be the Chair of the panel).

All efforts will be made to seek an external representative, however if an external cannot be sourced the ARCP will proceed.

16. Where required, medical educators should also include:

- Defence Deanery representative for defence Deanery resident doctors.
- Academic training lead for academic resident doctors.
- Educator who can oversee dual/subspecialty training for dual/subspecialty resident doctors.

17. In the event that a panel has less than 2 medical educators (1 for Foundation), e.g., due to conflict of interest or last-minute cancellation, an appropriate senior Deanery educator (Postgraduate Dean/Deputy Dean (or nominated deputy) should be secured to attend in their place.

18. The Postgraduate Dean/Deputy Dean (or their nominated deputy e.g., APGD, Assistant Director (GP), another appropriate medical educator as approved by the Postgraduate Dean/Deputy Dean) will be present at any panel where it is possible that a resident doctor could receive an outcome 2, 3 or 4 (or LAT equivalent) . This is highly recommended for all of the above noted outcomes, but the Deanery regards this attendance as essential for outcomes 3 and 4 (GG 4.71). The educator does not need to have specific responsibility for that specialty to undertake this role. The Postgraduate Dean/Deputy Dean must be notified of all outcomes 3 and 4 prior to issue.

ARCP Panel Member Responsibilities

19. [Link to Roles and Responsibilities document](#). TM administrators will make this document available to ARCP panel members in advance of and at the ARCP itself.

20. All members of the panel must be trained for their role and will be required to confirm that they have attended training in advance of the ARCP. This training should be kept up to date and refreshed every three years. (GG 4.78):

- All panel members must have completed equality and diversity training in the last 3 years. - [Equality, Diversity and Inclusion | Turas | Learn \(nhs.scot\)](#)
- All panel members must complete relevant ARCP training – slides available on the Scotland Deanery website and Dean Led sessions will be available.

21. Where a panel is constituted with the minimum number of medical educators, Deanery administration staff will check in advance if the educator's own resident doctors, or resident doctors known to them in a personal capacity, are being considered by the panel of which they are a member. Any conflicts of interest will be identified in advance and arrangements for an alternative panel member to cover reviews involving a conflict will be arranged to ensure the panel remains quorate i.e., minimum of 2 medical educators (1 for Foundation) (GG 4.79).

22. Where the panel has more than the minimum number of educators, members will be required to declare an interest if their own resident doctors are being considered by the panel. Where there are any concerns about satisfactory educational progress they must withdraw temporarily from the meeting whilst their resident doctor is being considered and only re-join the meeting when an outcome has been finalised. The panel should be constituted such that, in that situation, it remains quorate i.e., minimum of 2 medical educators (1 for Foundation) (GG 4.79).

EIGHT weeks prior to ARCP

23. Eight weeks prior to the date of the ARCP (virtual desktop review), TM administrator will send out a standard email to resident doctors (and copy to educational supervisors). It will confirm their requirement to gather the appropriate evidence and submit it by a specified date prior to the date of the ARCP. If there are amendments to ARCP requirements from Royal Colleges/Faculties/ UKFPO after the eight-week email has been issued, a supplementary communication will be issued clarifying updated arrangements.

24. If the notification/ supplementary communication is for a final ARCP, Deanery administration staff should add any College/Faculty other requirements to the email.

25. Each specialty/programme will have a required evidence list which will be available on the Royal College/Faculty/ UKFPO website. Where available, links will be provided in emails and on the Deanery website. Separate regional requirements cannot be added.

26. Communications will include details of the standard mandatory requirements: request for resident doctors to check that their information held on TURAS is up to date; instruction to complete SOAR declaration; absence declaration; OOP form etc.

27. At least eight weeks prior to the date of the ARCP (desktop review), the Deanery team will initiate a SOAR declaration.

28. The SOAR declaration must be completed in the six-month period preceding the ARCP (excluding F1). If a resident doctor has more than one ARCP within a 12-month period, they may be required to complete more than one SOAR declaration. All resident doctors are encouraged to sign off their SOAR declaration as soon as possible to give their ES and TPD time to review and sign off.

29. The absence declaration must be completed for the period since the last ARCP. If a resident doctor has more than one ARCP within a 12-month period, they will be required to complete an absence declaration each time. The resident doctor is responsible for uploading the absence declaration, where required, to the relevant portfolio.

30. Resident doctors must submit both the SOAR declaration and absence declaration. Failure to do so by the advised submission date will result in an Outcome 5 and the resident doctor will be asked to provide the information within a 2-week period which will facilitate a revised ARCP Outcome. If the SOAR declaration and the absence declaration is not submitted in the required timescale following issue of an Outcome 5 this will be escalated as outlined in the [outcome 5 flowchart](#).

31. The Educational Supervisor (ES) is required to complete an ES Report as part of the resident doctor's evidence submission. If there are concerns about a resident doctor's performance (based on the available evidence), the resident doctor must be made aware of these concerns, and they should be documented in their educational portfolio. The ES should discuss the ES report with the resident doctor prior to submission. The report and any discussion that takes place following its compilation must be evidence-based, timely, open, and honest. If such a discussion cannot take place, it is the duty of the ES to report the reasons to the ARCP panel in advance of the desktop review.

TWO weeks prior to ARCP

32. The TPD, or another appropriate educator, is required to advise the Deanery team, as early as possible, if an outcome 2, 3 or 4 (or LAT equivalent) is anticipated. The Deanery team will ensure that an appropriate senior educator is available to attend the desktop review (and if appropriate, resident doctor meetings) for outcomes 3 and 4. Where possible they will attend for outcome 2s.

33. Where it has been indicated that the ARCP may issue an outcome 2, 3 or 4 (or LAT equivalent), the resident doctor should normally be informed of the possible outcome prior to the panel meeting. (GG 4.85).

34. For foundation programmes, TM administrators will add panel details to TURAS to provide link to e-portfolio and allow pre-population of ARCP forms.

ARCP (Desk-top Review)

35. The objectives of the desk-top review are as follows:

36. Systematically consider the evidence as presented for a resident doctor against the UKFPO/ Royal College/Faculty requirements for 2025/26 Foundation, specialty, or sub-specialty curriculum, assessment framework and Good Medical Practice and make a judgement based upon it so that one of the outcomes is agreed.

37. Consider and approve the adequacy of the evidence and documentation provided by the resident doctor, which at a minimum must consist of:

- review of the resident doctor's educational portfolio including a structured report from the educational supervisor(s)
- documented assessments (as required by GMC approved foundation/core/specialty curriculum)
- SOAR declaration (excluding F1)
- Deanery absence form.
- other achievements as appropriate.

38. Review details of placements, training modules etc. completed which must be recorded on the portfolio/ ARCP form, including where resident doctors continue to hold a training number but are out of programme.

39. Consider time out of training during the assessment period and from entry to the programme, to determine whether the training duration needs to be extended.

40. At the ARCP, the FPCC end date, the core training programme end date or provisional CCT date should be reviewed and adjusted if necessary, taking into account such factors (GG4.87):

- statutory leave or other absence of more than 20 (normal working) days in any year for foundation doctors.
- Clinical statutory leave, sickness, or other absence of more than 14 (normal working) days in any year for core and specialty resident doctors.
- Prior agreement with the Postgraduate Dean/Deputy Dean for training time to be paused.

- A change to or from LTFT training.
- Time out of programme for experience (OOPE), time out of programme for research (OOPR) or time out of programme for a career break (OOPC).
- Rate of acquisition of capabilities that might bring forwards the CCT date.
- For dual resident doctors or resident doctors undertaking sub-specialty training alongside main specialty training, whether both should continue to be pursued.
- The academic component of joint clinical/academic core or specialty programme.
- Failure to demonstrate achievement of capabilities (Outcome 3) as set out in the GMC-approved curriculum.
- Where there have been significant deficits in the training environment beyond the control of the resident doctor.
- Where a change in the curriculum results in a resident doctor requiring additional training time to complete a programme

The adjusted date should be entered on the ARCP Outcome Form. TURAS is updated with the new date and the reason for the change.

41. Make a judgement about whether the resident doctor's progress has been satisfactory, and they can progress to the next level of training. Where applicable, record the date of progression to the next stage of training (GMC requirement).

42. Provide comment and feedback where applicable on the quality of the structured educational supervisor's report.

43. The Deanery administration team will provide panel members with reference documents: outcome descriptions, options for extensions, roles and responsibilities.

44. The panel makes its recommendation of an outcome to the responsible Postgraduate Dean or Deputy Dean. The Postgraduate Dean or Deputy Dean can intervene if appropriate.

45. TM administrator supports desk-top review by taking notes on the panel discussion in relation to developmental outcomes; and recording all outcomes on TURAS, where possible during, or following the desktop review. [Bulk uploads to TURAS can aid this process]. Foundation outcomes will be recorded on e-portfolio as opposed to TURAS.

46. The ARCP Outcome Form will be completed at the desk-top review on e-portfolio or in paper format. Administrators and TPDs will have agreed arrangements for who will complete the *Supplementary documentation* section of the form – agreement is based on most suitable method for that ARCP and specialty. Paper forms can be completed by hand.

47. In the *Discussion with resident doctor* section, the TPD (or other medical educator if TPD is unavailable) or TM administrator should record 'resident doctor meeting not required' or note the date when the resident doctor virtual meeting (outcomes 2, 3, 4) will take place. The headings underneath should be completed in relation to the panel's discussion at desk-top review.

48. Dual or subspecialties: resident doctors will receive two separate outcomes. Both will be recorded on TURAS.

49. TM administrators should always have access to a senior member of TM staff during ARCPs, who can be called upon to provide support as required.

Following Desk-top Review

50. If those in attendance have concerns about the outcomes decided upon by the panel, these will be raised, in writing, with the Postgraduate Dean/Deputy Dean for further consideration. The Dean may decide to establish a different panel to consider further the evidence that has been presented and the outcomes recommended (GG 4.76). On completion of any investigation, the information will be shared with Quality Improvement Manager/Quality Lead for that specialty, who could discuss this through the Specialty Quality Management Group.

51. Resident doctors will be advised of their outcome through TURAS. The date when outcomes will be available will be advised to resident doctors by their training programme administrator.

52. Resident doctors will receive an automated email via TURAS detailing their outcome and notifying whether a resident doctor virtual meeting will be required.

53. Following the automated email, if applicable, the TM administrator will contact the resident doctor to inform them of arrangements for the virtual meeting and/or follow-up requirements.

54. The automated email asks the resident doctor to sign the ARCP outcome form (GG 4.119). The resident doctor is signing to demonstrate that they have been informed of the outcome, not that they agree with the outcome, and this will not change the resident doctor's right to request a review/appeal. Resident doctors are required to acknowledge receipt of their outcome through TURAS training programme management (TPM). Resident doctors will be unable to access other areas of TURAS until the ARCP outcome has been acknowledged.

55. The resident doctor will be asked to sign off the ARCP outcome form on e-portfolio; or if not available on e-portfolio, resident doctor will be sent a copy (paper or electronic) and asked to sign and return it (digital signatures are acceptable).

56. It is the resident doctor's responsibility to sign off their ARCP outcome. However, TM administrators should check that all resident doctors in receipt of an outcome 2, 3 or 4 (or LAT equivalent) have completed the sign-off. If such a resident doctor has not signed off their outcome, the TM administrator should send out a reminder email. If there is no response, TM administrator should escalate to TPD (or other senior educator if the TPD is unavailable) who will then escalate to APGD/Postgraduate Dean/Deputy Dean if not resolved within 2 weeks of the reminder email.

Post ARCP Resident doctor Meetings

57. Post ARCP resident doctor meetings (resident doctor in attendance) will only be **required for outcomes 2, 3, 4 (or LAT equivalent)**. The default will be that these meetings are virtual however the resident doctor should be given the option to have a face to face meeting. If the latter is chosen, one of the educators should be asked to attend a venue with the resident doctor. The administrator

will attend virtually to take notes. Programme Directors may, however, choose to hold educational meetings with other resident doctors that coincide with the ARCP process. Please refer to point 61.

58. TM administrator will support post ARCP resident doctor virtual meetings for outcomes 2, 3, 4 (or LAT equivalent) by taking notes of discussion. Meeting notes will be signed off by the educator conducting the meeting and resident doctor following the meeting. If there is a disagreement regarding the discussion notes this will be escalated by the educator to the APGD (if the educator is not the ARCP panel chair the panel chair will also be informed).

59. At the conclusion of the post ARCP meeting, TM administrators will provide, via email, standard information sheets which advise the resident doctor of their options following this outcome.

60. If non-educational issues are raised at the virtual meeting, for example a poor learning environment or intimidation / bullying, the educator conducting the meeting will formally write to the relevant Postgraduate Dean/Deputy Dean.

61. TPDs/Panels may wish to meet with other resident doctors, but this will not form part of the ARCP process.

62. Resident doctors on an outcome 3, 4 should have a follow up ARCP in 6 months to ensure progress is being made. Resident doctors on an outcome 2 should have an educational review unless new concerns emerge which necessitate an ARCP being arranged earlier than planned.



