

F1 ARCP outcome form

Foundation doctor

Trainee Forename:	
Trainee Surname:	
Trainee GMC No:	
Medical School:	
Foundation School:	

Foundation Training

Specialty	Clinical Supervisor	LEP	Date from	Date to	FT/PT as % FT

Name and role of all foundation ARCP Panel members (FTPD/T and two others)

Name	Panel Role	Job Role

Date of Review:	
Period covered from:	
Period covered to:	
No. of days of Time out of Training since last ARCP/Appraisal (from Form R):	

Evidence considered (please list as many as appropriate)

Educational supervisor's end of year report	<input type="checkbox"/>
E-portfolio	<input type="checkbox"/>
Foundation Form R / Equivalent	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

F1 ARCP review panel outcome (please select only one):

Recommended for sign off	
Outcome 1: Satisfactory completion of F1	<input type="checkbox"/>
Not recommended for sign off <i>(If you recommend one of these outcomes, you must provide reasons ("U" codes) why.)</i>	
Outcome 3: Inadequate progress – additional training time required	<input type="checkbox"/>
Outcome 4: Released from training programme	<input type="checkbox"/>
Outcome 5: Incomplete evidence presented – additional training time may be required	<input type="checkbox"/>
No ARCP review/outcome <i>(If you recommend this outcome, you must provide reasons ("N" codes) why.)</i>	
Other (e.g. working LTFT, on sick leave, missed review etc.)	<input type="checkbox"/>

Transfer of information between F1 and F2

(Information is available in the trainee's Form R, in the employer's Exit Report (and the Exception Exit Report when there is a concern) and in the Clinical Supervisor Report and Educational Supervisor Report.)

Documentation considered (select at least ONE):
<input type="checkbox"/> Form R
<input type="checkbox"/> Supervisors' Reports
<input type="checkbox"/> Exception/LEP/Exit Report
<input type="checkbox"/> Other

Please specify Other:

Are there any current known unresolved causes of concern?
<input type="checkbox"/> Yes
<input type="checkbox"/> No
If yes, please give a brief summary of the concern:

Comments and recommended action(s):

(Include areas of excellence, areas for targeted training, level of supervision, any additional training time and the action plan etc.)

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Post-ARCP Discussion Meeting

*Please indicate if the foundation doctor is expected to attend a post ARCP outcome discussion meeting**

<input type="checkbox"/> No - attendance not required
<input type="checkbox"/> No - declined invitation to attend
<input type="checkbox"/> Yes – doctor expected to attend

**NB. Most foundation doctors will not be expected to attend the post-ARCP panel meeting - only doctors with an expected unsatisfactory outcome should be invited to attend.*

Signed by chair of panel (FTPD/T or deputy)

Name	Signature	Date
Additional Comments:		

Signed by foundation doctor*

Signature	Date

** By signing the form, the foundation doctor acknowledges receipt of this information and understands the recommendations arising from the review. It does not imply that the doctor accepts or agrees with the panel's decision. The foundation doctor may make an appeal as described in Foundation Programme Reference Guide.*

The foundation doctor's signature is required for release of the Foundation Year 1 Certificate of Completion (F1CC) in the event of an outcome 1.

Reasons for doctors not recommended for sign-off

More than one reason may be selected.

Record Keeping and Evidence	U1	<input type="checkbox"/>	
Inadequate Experience	U2	<input type="checkbox"/>	
No Engagement with Supervisor	U3	<input type="checkbox"/>	
Trainer Absence	U4	<input type="checkbox"/>	
Trainee requires Foundation School Support	U7	<input type="checkbox"/>	
Other reason (please specify)	U8	<input type="checkbox"/>	
Inadequate attendance	U9	<input type="checkbox"/>	
Assessment / Curriculum outcomes not achieved	U10	<input type="checkbox"/>	

Reasons for doctors not assigned a satisfactory / unsatisfactory outcome

More than one reason may be selected.

Less than full time (LTFT) / out of phase - no concern	N14	<input type="checkbox"/>
Less than full time (LTFT) / out of phase - some concern	N15	<input type="checkbox"/>
Trainee Sick Leave	N1	<input type="checkbox"/>
Trainee Maternity / Paternity Leave	N2	<input type="checkbox"/>
Trainee not in Post Long Enough	N3	<input type="checkbox"/>
Trainee Missed Review	N6	<input type="checkbox"/>
Trainee on suspension for Gross Misconduct	N10	<input type="checkbox"/>
Trainee on suspension - other reason	N11	<input type="checkbox"/>

Resignation - without training issues	N21	<input type="checkbox"/>
Resignation - with training issues	N22	<input type="checkbox"/>
Trainee dismissed	N16	<input type="checkbox"/>
If N16, please specify if:		
Dismissed: no remedial training undertaken	N17	<input type="checkbox"/>
Dismissed following remedial training	N18	<input type="checkbox"/>
If N16, please specify if:		
Dismissed: no GMC referral	N19	<input type="checkbox"/>
Dismissed following GMC referral	N20	<input type="checkbox"/>
Other reason (please specify)	N13	<input type="checkbox"/>

Panel Role

Panel chair
 Internal panel member
 Lay representative
 External trainer
 Employer representative
 External deanery/foundation school representative

Job Role

FTPD/T
 Postgraduate centre manager / Senior administrator
 Specialty training doctor (ST4 or above)
 Clinical supervisor
 Educational supervisor
 Lay representative
 External trainer
 Employer representative
 External deanery/foundation school representative
 Other