The Experience and Benefits of **Training Chairs of ARCP Panels**



Health Education East Midlands

Nathan Jones, Gill Armstrong, Tristan Emerson, Rory Lawton and Adrian Brooke

Abstract:

An overview of the impact and benefits of training Annual Review of Competence Progression (ARCP) Chairs within the East Midlands.

We identified issues that affected the quality of ARCPs and as a result developed a formal training package. This course has since been delivered to 156 educators who all routinely chair ARCP panels. It has been a key factor in allowing individuals to gain greater understanding of the role and authority invested in Chairs by the Local Education and Training Board (LETB), which has led to a change in individuals' practise.

What we did:

1. Clarified role, responsibility and authority of Chairs. Provided support and reference tools.

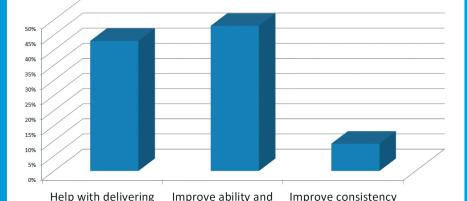
Responsibility Authority The Panel Ensuring that proceedings are Chair acts as

What was the impact?

During training, we continually challenged the Chairs on the consistency of their decision making. We requested feedback from TPDs about whether they had clarity of their role and responsibilities, and whether their confidence in

delivery had improved.

Feedback was gathered from APDs, Lay & External What impact did this ARCP Chair Training have on you?



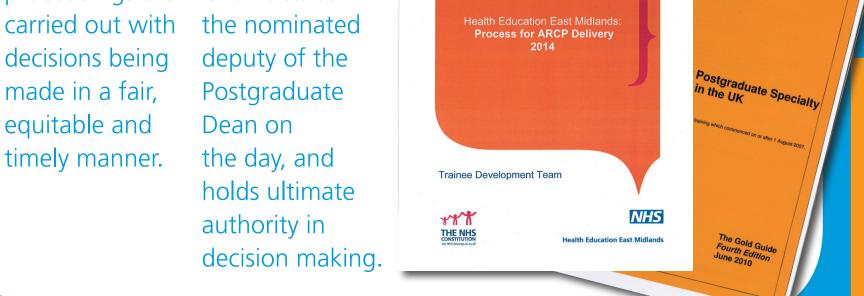
This has had a positive impact in producing more consistent practice across the East Midlands, regardless of specialty, school or geographic location of the ARCP. It has also led to an increase in the percentage of original ARCP outcomes being upheld at appeal from 35% to 80%.

Background:

After the creation of Specialty Schools in August 2007, Schools had been responsible for assessing their own trainees and delivering the ARCP within their own School, using their own training programme directors (TPDs) and administrative resources.

After the East Midlands Deanery restructuring in August 2011, a review of ARCP activity uncovered a significant degree of variance in both panel decision-making and how panel members delivered their role.

We realised that different interpretations had been made of both the process requirements of the Gold Guide and of the roles of the different panel members. This meant that there was scope for potential appeals due to the variance in panel decisions. Because of these issues, the Health Education East Midlands (HEEM) Trainee Development Team undertook an



Developed a one day training course utilising presentations and scenarios.

2. Highlighted Chairs' role in delivering **Revalidation.**



Trained 132 TPDs over a 2 month period in 2012.

3. Explained the ARCP appeal process and best practice, aiming to reduce the number of appeals and ensuring that outcome decisions are robust.

Representatives and panel administration staff in summer 2012 and 2013 on Chairs' performance and decision making in all panels.

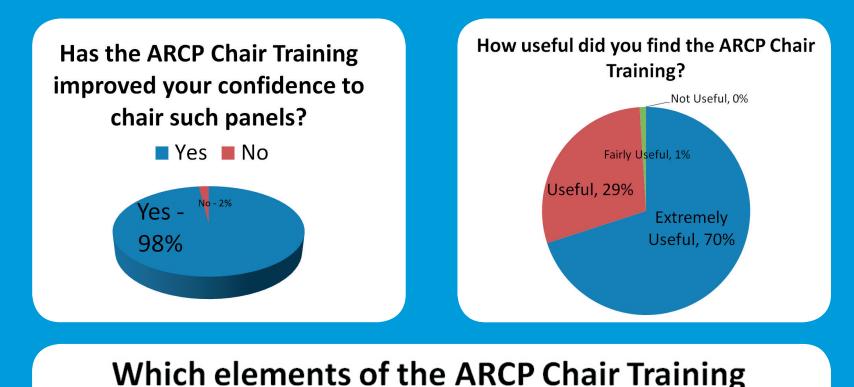
RCPs. Revalidation confidence to chair and thoroughness o

This feedback highlighted that trainees were being assessed more consistently and fairly, with panel decisions being based on robust evidence. We constantly reviewed these reports to check standards of practice were maintained.

Following the training package Chairs reported feeling more empowered to fulfil their role, and to deliver the appropriate outcomes to trainees.

Results:

Samples of feedback questionnaire data collected 2012-13:



informal audit assessing ARCP processes.

This work identified that a key element for effective delivery was a confident and experienced Chair leading the panel.

Induction for TPDs during this period did not include formal guidance for delivery of ARCP panels, did not clarify in detail the role of an ARCP Chair and did not provide any training or exposure to common 'problem scenarios' that may be encountered during the panel.

We discovered that in some specialties the panel had been chaired by the Lay Representative, rather than the TPD. This means that some specialties had effectively been running ARCPs as they had previously delivered Record of In-Training Assessment (RITAs).

Although Lay Representatives had undertaken training to instruct their roles in ARCP panels, this had not been provided for TPDs. We also identified that not reference tools were in place for TPDs and they usually relied upon the attending Associate Postgraduate Deans (APDs) to provide guidance at the panel.

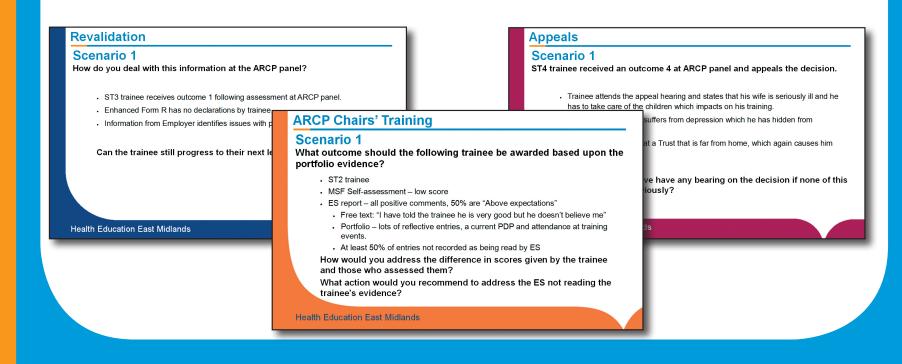
Therefore the HEEM Trainee Development Team set out to:

- develop clarity around the role;
- make explicit the responsibility and authority which the ARCP Chair holds within their role;
- develop Chairs' knowledge and experience;
- share some of the common problems and difficult cases that certain specialties had encountered.

increase confidence compassion fairness educe risk reduce anxiety

Provided further training for 129 TPDs during 2013.

4. Developed scenarios to stimulate debate and increase exposure to challenging review situations.



Original ARCP outcome upheld at appeal from 35%

		did yo	u fin	id us	seful	?		
0% 0% 0% 0% 0% 0%	81%	59% 40%		99%		99%		
40% 30% 20% 10%	0%	6		1%		1%		1%
	Challenged my thinking Not useful	Very useful discussion forum	Some useful views	Not useful	Improved knowledge	Nothing new	Improved knowledge	Nothing new
Sce	Scenarios		Interactive discussion forum		Understanding of my role in Appeals process		Understanding of my role in Revalidation process	

Example Feedback:

- "I understand that my contribution to panels will have an impact on Revalidation."
- "Better informed to avoid pitfalls."
- "Enabled me to cope with potential problems at ARCP."
- "Now able to constructively challenge fitness-to-practise issues in ARCPs."

Conclusion:

By creating bespoke training for TPDs and Heads of School when chairing ARCPs, we have improved the confidence of the individuals delivering the role and improved the capacity of panels to make accurate and fair decisions. It also increased the

Training Development:

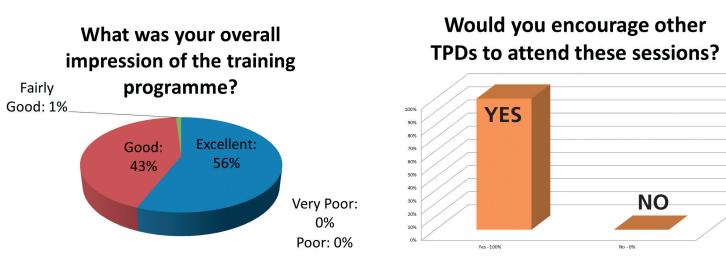
We began by looking at the role of Chairs and clarifying both their responsibilities and authority. We then developed tools that could be used before or during the panel to assist them in their role.

We created bespoke training for the ARCP Chairs, developed case study scenarios and designed workshops that would allow individuals to share the experience they had of chairing or being involved with delivering ARCPs.

We reviewed the work one year into its delivery to include responsibilities for Chairs to deliver Revalidation. With APD input, we created a procedure manual, sample forms, checklists and a quick reference guide.

in 2012 to 80% in 2013.

5. Feedback from delegates continues to inform training development.



100% of all TPDs trained within 24 months.

percentage of original ARCP outcomes upheld at appeal from 35% in 2012 to 80% in 2013.

The use of multi-specialty workshops allowed for transfer of experience between individuals and of experience from one specialty to another. Such cross-fertilisation of knowledge between specialties tends not to occur naturally, so this approach encouraged this as an effective means of sharing ideas and viewpoints.

Feedback from the first phase of training by the attendees has informed the next phase of training regarding topics to focus on and what skills Chairs want to develop further; it allowed the team to maintain this quality of training for newly-recruited TPDs. The team also used it to develop other tools and support mechanisms based on individual specialty requirements.

This training highlights the need for an annual cycle of ARCP Chair development using information learnt from all schools and specialties. This is being delivered as an incorporated package which is shared to continually develop the knowledge, skills, professionalism and confidence of ARCP Chairs.