



College of Psychiatrists
of Ireland

Wisdom • Learning • Compassion

ANNUAL REVIEW OF PROGRESS

PROCESS REVIEW 2016-2022

EXECUTIVE SUMMARY

This report reviews the ARP processes that have taken place from January 2016 to October 2022.

The purpose of the report is to gather the data from each ARP process and identify characteristics and trends within this period.

The data focuses on several areas, such as ARP reviews, panel member participation, the appeals processes, and overall ARP Outcomes.

The processes included in this review represent two thirds of the total number of ARP processes to date.

Data was collected and compiled for each individual ARP process and then amalgamated as required for the findings in the report below.

TABLE OF CONTENTS

Summary of Key Points.....03

Introduction.....05

ARP Reviews.....06

Panel Members.....07

ARP Outcomes.....08

Step 1 Appeals & Reviews.....10

Step 2 Appeals.....13

Accelerations & Exemptions.....16

Final ARP Outcomes.....17

SUMMARY OF KEY POINTS

01

ARP REVIEWS

- There have been 2,408 ARP reviews conducted from January 2016 to October 2022
- From the first year in 2016 to the projected figure by the end of 2022, the number of ARP reviews has risen 273 to 450. This represents a 65% increase on the 2016 figure.

02

ARP Panels

- Number of panel members required has increased in 2021 and 2022 by 47% compared with the preceding two years.
- HSTs are a vital asset in recruiting enough panels and represent 25% of all ARP panel members.

03

ARP Panels (step 1 appeals and reviews)

- The majority of Step 1 appeals requests and reviews (79%) relate to BST ARPs.
- Reviews of Outcome 5 comprise 59% of all appeals/reviews during this phase.
- Large proportion of the appeals and reviews result in a positive upgrade in Outcome, with 79% awarded an Outcome 1, 2 or 6 and 100% of Reviews of Outcome 2 being upgraded to an Outcome 1.
- Subsequent to the increase in ARP reviews in 2021 and 2022, there is a corresponding increase in the number of appeals/reviews compared to preceding years (e.g., figures for 2021 are a 74% increase on the previous high of 2019). A slight decrease (7%) was noted for the 2022 figures compared to the 2021 figures.

SUMMARY OF KEY POINTS

04

ARP Appeals (step 2 appeals)

- There have an equal number of requests for Step 2 Appeals for Outcome 3 and Outcome 4 (17 each). Step 2 appeal requests by BSTs account for 76% of this total.
- Results of the Step 2 appeals have concluded in an upgrade of Outcome in 68% of cases, with 50% of those seeing the decision overturned to a progression Outcome (Outcome 1, 2 or 6). The initial decision was unchanged in 32% (11 appeals) of cases.

05

Accelerations & FY Exemptions

- High approval rate for acceleration applications (88%) and FY exemptions (83%).

06

ARP Outcomes

- Over 93% of all final Outcomes result in progress or completion of training. Unsatisfactory results account for just over 7% of final decisions, although Outcome 4 results remain rare.
- There is an almost even split of Outcome 1 (1,029) and Outcome 2 (1,012) results

INTRODUCTION

The annual review of progress (ARP) process first commenced in May 2012 and took place twice annually until 2015 (there was also a once-off HST endpoint ARP in 2014). From 2015, another ARP process for final-year BSTs was introduced in January each year to facilitate streamlined training. To date, there have been thirty ARP processes, inclusive of the October 2022 process. This report provides an overview of a majority of these ARP processes and outlines the changes and trends across the select time period.

The training year July 2015 – July 2016 marked the first time there were trainees in all stages of BST (FY to BST 3) and HST (HST1 – HST4) undergoing an ARP. Therefore, the data in this report starts from January 2016 and includes all subsequent ARP processes up to the most recent ARP in October 2022. This selection accounts for twenty of the thirty processes to date. Since 2016, trainees in each training stage have undergone an ARP every year, all of which are included in the data with this report. The areas covered herein include the number of reviews per year, participation of ARP panel members, ARP outcomes, Step 1 ARP appeals and reviews and accelerations of training.

It should be noted that while all trainees were subject to the same continuous assessment structure (i.e. supervisors reports, WPBAs, etc.), there were two versions of the CPsychI curriculum in use for most of this period. The July 2012 version of the curriculum applied to all trainees commencing training from July 2012 to January 2016. A revised curriculum was introduced in July 2016 with the most notable changes made to the learning outcomes sections. All trainees commencing from July 2016 onwards must use the July 2016 version of the curriculum.

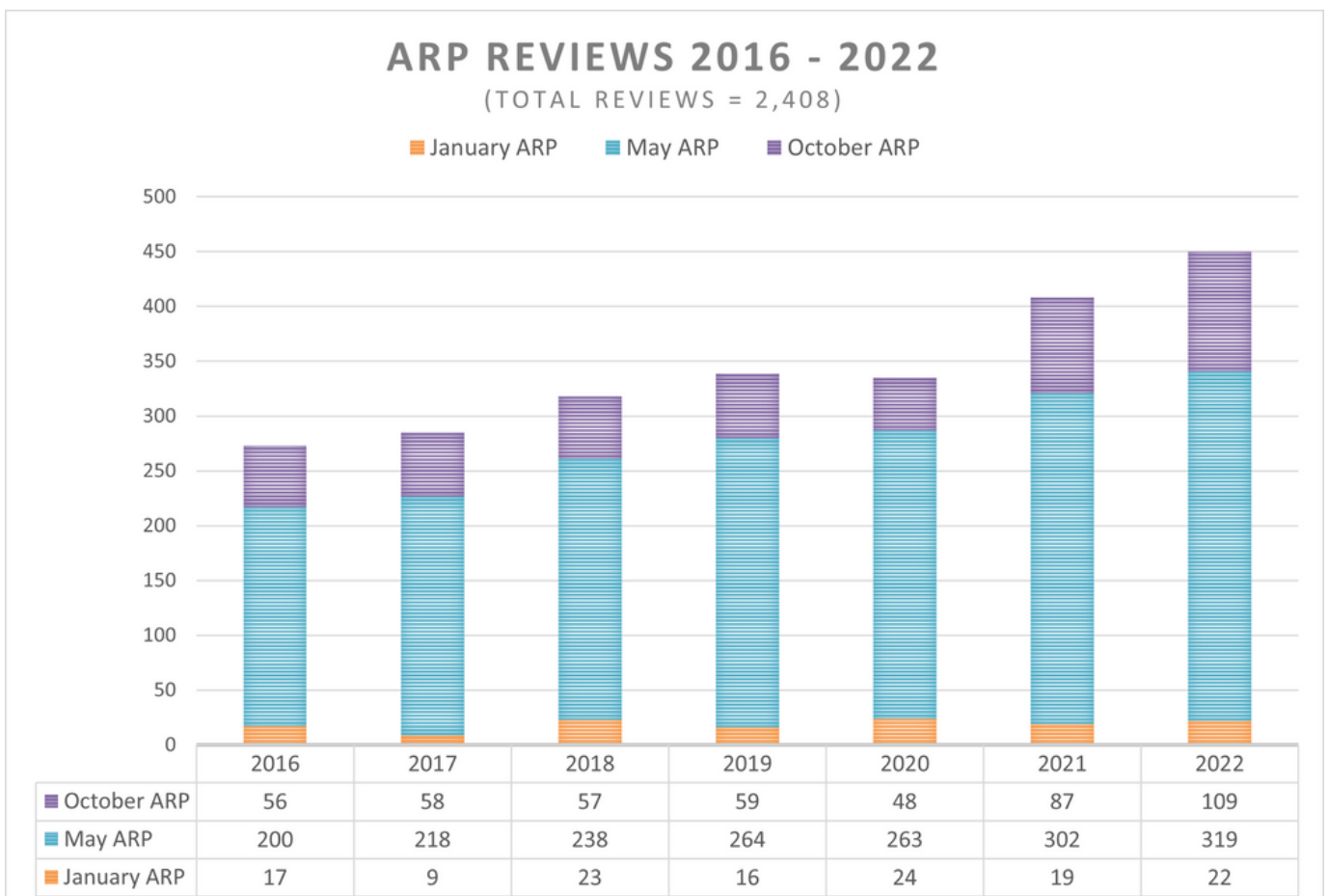
Additionally, there were a number of contingencies put in place in during 2020-2022 owing to the impact of the COVID-19 pandemic. These contingencies applied to training requirements and structure of the ARP process. Despite the challenges and need to reschedule multiple reviews in 2020, all planned ARP reviews took place and were completed within the specified timeframe of each process.

ARP REVIEWS

Across the twenty ARP processes, there have been 2,408 trainee reviews completed. These represent the final decisions made on a trainee’s progress and do not include the reviews conducted for appeals, which are covered further on in this report. The breakdown of reviews can be seen in figure 1 below, showing the three ARP processes in each calendar year. The May and October ARP figures in the figure are the combined number of BST and HST reviews for the respective process. The January ARP is for final-year BSTs only, so does not include any other training stages..

From the first year in 2016 to the projected figure by the end of 2022, the number of ARP reviews has risen 273 to 450. This represents a 65% increase on the 2016 figure. In line with larger cohorts recruited into BST & HST in 2020 and 2021, there has been sharp increase (27%) in the number of ARP reviews conducted in 2021 and 2022 compared to the preceding two years. While the reviews in January ARP have remained quite stable, these increases are most evident in the May and October processes.

Figure 1. ARP Reviews 2016-2022

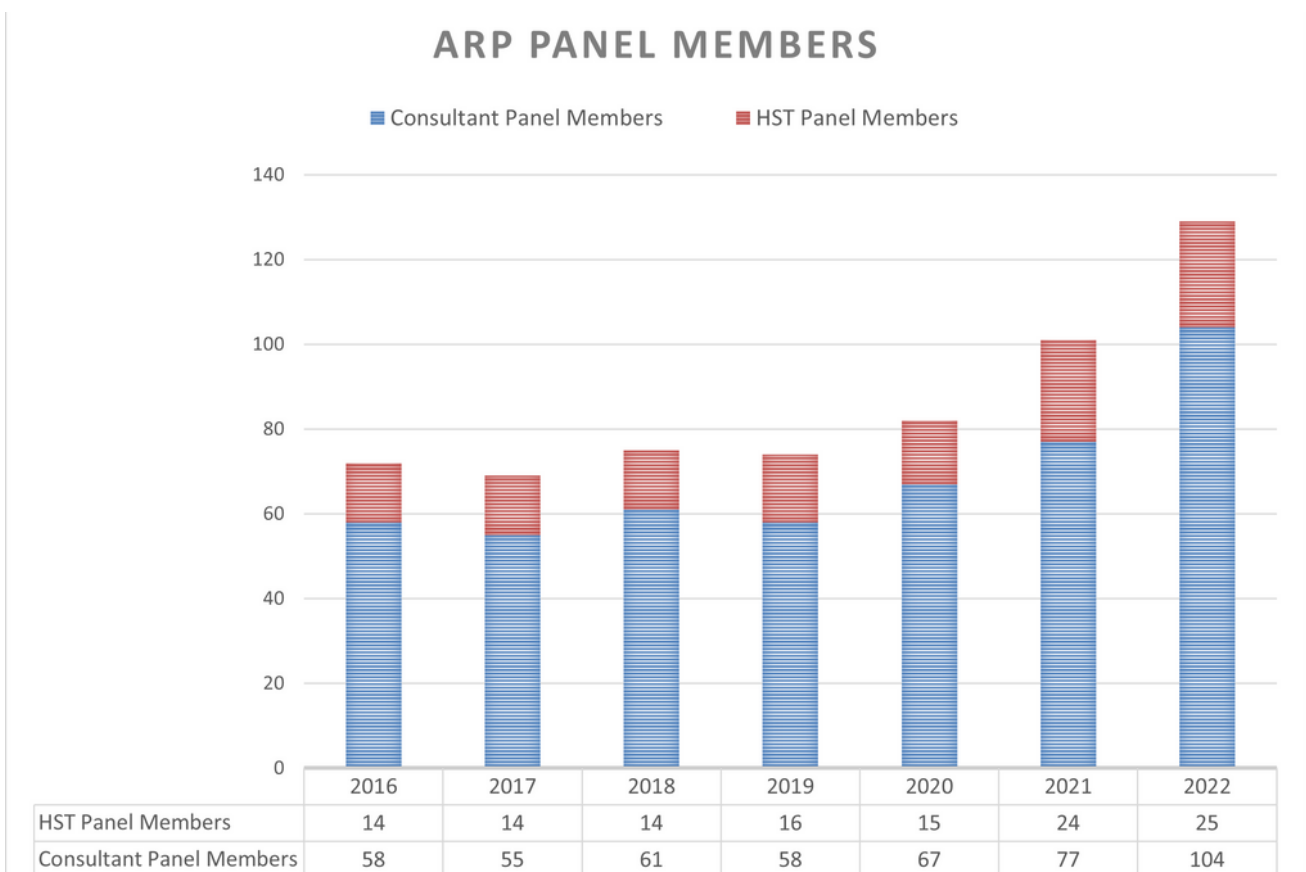


ARP PANEL MEMBERS

ARP panels have consisted of three psychiatrists who have received training on the process in advance of participating as a panel member. Panel members will be active trainers (i.e., Consultant Psychiatrists approved as Educational Supervisors) but can also be recently retired trainers and HSTs can participate as panel member for BST reviews. Full Specialist Members, who are not active trainers, may also be involved if there is a need for additional panel members.

Figure 2 below displays the quantity of ARP panel members participating in each year, noting the Consultant Psychiatrists and HSTs involved. Like the trainee review numbers above, the amount of panel members required has increased in 2021 and 2022 by 47% compared with the preceding two years. In general, HSTs have proved to be a vital asset in recruiting enough panel members. They represent 25% of all ARP panel members. These figures do not include additional panel members who participated in the formal (Step 2) appeals processes.

Figure 2. ARP Panel Member Participation



ARP OUTCOMES

ARP Outcomes

Decisions on ARP outcomes are made in accordance with the regulations for psychiatry training. The regulations outline six possible outcomes for an ARP:

Progress

1. PROGRESS: The Trainee is progressing through training with the attainment of all learning outcomes as expected.

2. PROGRESS WITH NEED TO DEVELOP (WITHIN TIME): Some outcomes outstanding, but no additional time required. The Trainee is progressing through training; however, some learning outcomes have not been attained. The Trainee will have to submit evidence of attainment of unmet outcomes at the ARP of the following year, along with outcomes for the next year of training.

Unsatisfactory or insufficient evidence

3. NEED TO DEVELOP (FURTHER TIME ADDED): Inadequate progress, further training time required. Inadequate progress is being made by the Trainee and further training time will be required. The Trainee must meet with the panel.

4. TRAINEE ASKED TO LEAVE THE SCHEME: The Trainee will be released from the training programme with or without attainment of specified learning outcomes. The Trainee must meet with the panel.

5. INCOMPLETE EVIDENCE: Where the documentary evidence submitted is so incomplete or otherwise inadequate that a panel cannot reach a judgement, no decision will be taken about the performance or progress of the Trainee. The failure to produce timely, adequate evidence for the panel will result in this outcome and will require the Trainee to explain to the College (and panel) in writing the reasons for the deficiencies in the documentation submitted to date. This incomplete evidence outcome will remain as a part of the Trainee's record but once the relevant evidence has been submitted then a new outcome will be added according to the evidence evaluated by the assessment panel. An explanation outlining the reasons for the lack of evidence must be made in writing, to the Dean of Education, the College of Psychiatrists of Ireland, 5 Herbert Street, Dublin 2 within ten working days of being notified of the panel's initial decision to award a Trainee an Outcome 5- incomplete evidence. Any additional evidence must also be submitted by the same deadline. Failure to respond to this request within the specified time frame will result in Outcome 4- the Trainee being asked to leave the training Scheme. Therefore an Outcome 5 should be considered a serious outcome given as an alternative to an Outcome 4. Submitted evidence will be reviewed by the initial ARP panel members (if possible). An Outcome 5 will automatically be incorporated into the Step 1 Appeals process (see below). This means that additional documentation would be reviewed at the Step 1 stage and a revised decision made then. If the Trainee appeals this further, it will go straight to a Step 2 Appeal.

ARP OUTCOMES cont.

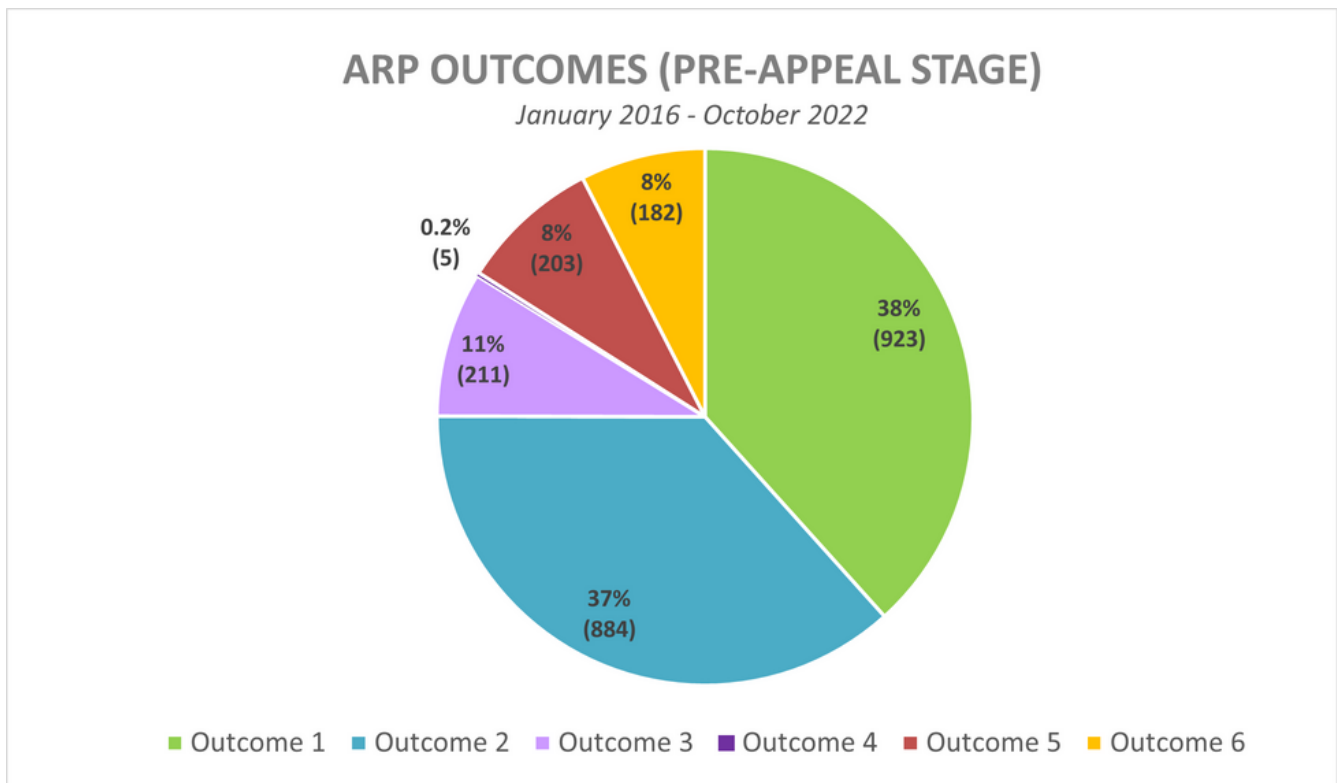
Recommended for completion of training

6. TRAINING COMPLETE: Outcome 6 is applicable only to HST. The Trainee has attained all the specified learning outcomes and will be recommended as having completed the training programme and for award of a CSCST.

There are two limitations regarding these outcomes. Firstly, an Outcome 6 (Training Complete) can only apply at the end of HST. Secondly, an Outcome 3 (Need to develop: further time required) cannot be applied to those who have reached the maximum time duration of training or will reach it by the end of their current post. Otherwise, Outcomes 1-5 can apply a trainee's ARP.

Represented in figure 3 below is the total of each ARP Outcome awarded across all ARP processes included in this report. Each Outcome is a combined total for the amount of times it was given for a BST or HST ARP, with the exception of an Outcome 6. Also, these are the Outcomes before the appeals, which can be requested if a trainee wishes to overturn the panel's decision. Progression Outcomes (i.e. Outcome 1, 2 or 6) were awarded in 83% of ARP reviews, while 17% of reviews resulted in an unsatisfactory outcome. Of the unsatisfactory Outcomes decided, Outcomes 3 and 5 were almost identical and Outcome 4 is rarely awarded.

Figure 3. ARP Outcomes awarded

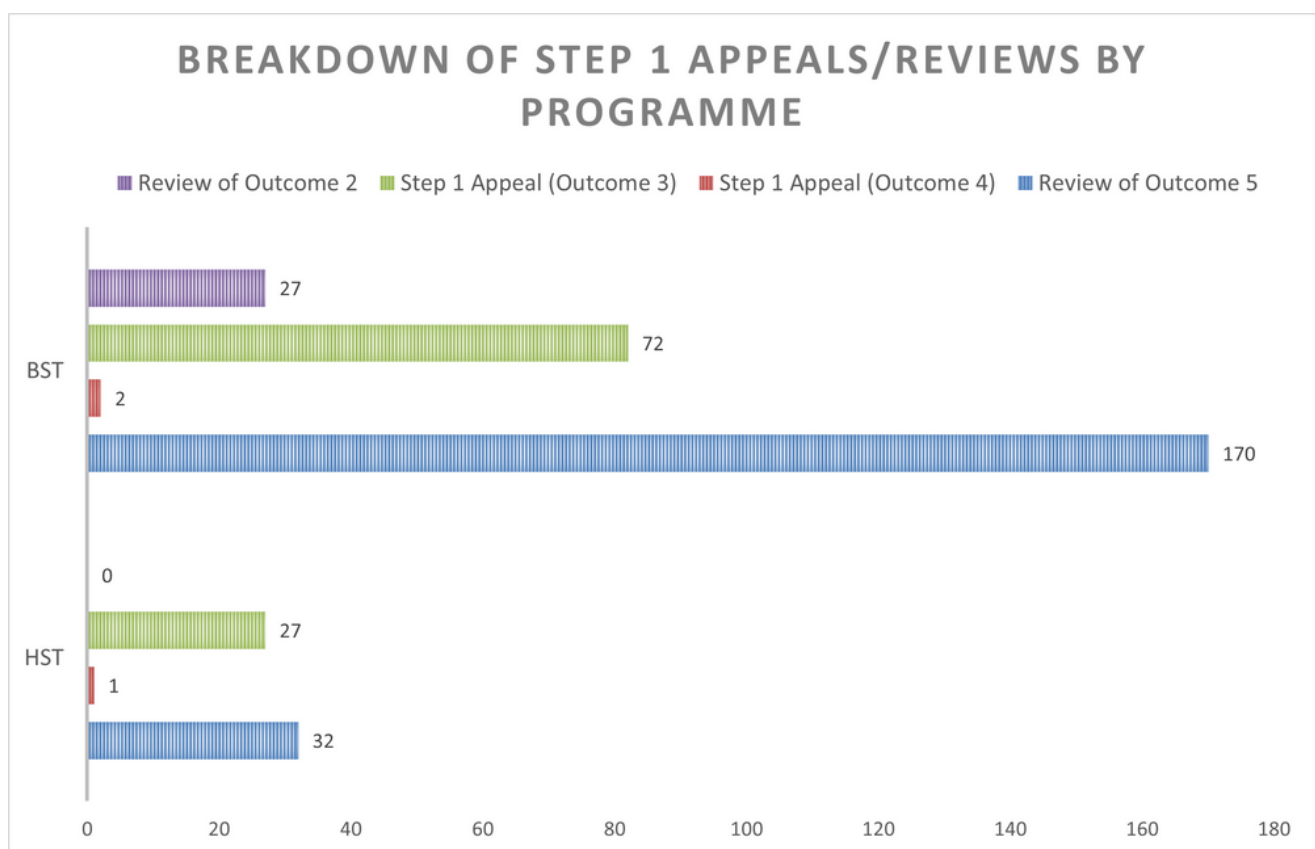


STEP 1 APPEALS & REVIEWS

There are three mechanisms whereby trainees can provide further evidence at the appeals phase of ARP process or appeal their result on the basis of procedure. Firstly, an Outcome 5 (Incomplete Evidence) will automatically transfer the review of new material to the Step 1 ARP Appeals. Trainees with Outcomes 3 or 4 can request an appeal of that decision and proceed with a Step 1 Appeal. Lastly, trainees with an Outcome 2 can request a Review of Outcome 2, which takes place in line with the Step 1 Appeals process. In so far as possible, the original ARP panel will review the appeals during this phase.

Below is the relevant data for breakdown of appeals and reviews by training programme and ARP process in a calendar year, as well as the results of same. Firstly, figure 4 below shows how the appeals and reviews are dispersed by training programme. The overwhelmingly majority (79%) relate to BST ARPs. There were no Review of Outcome 2 or Step 1 Appeal of an Outcome 4 requests for HSTs at this stage of the process. Reviews of Outcome 5 comprise 61% of all appeals/reviews during this phase.

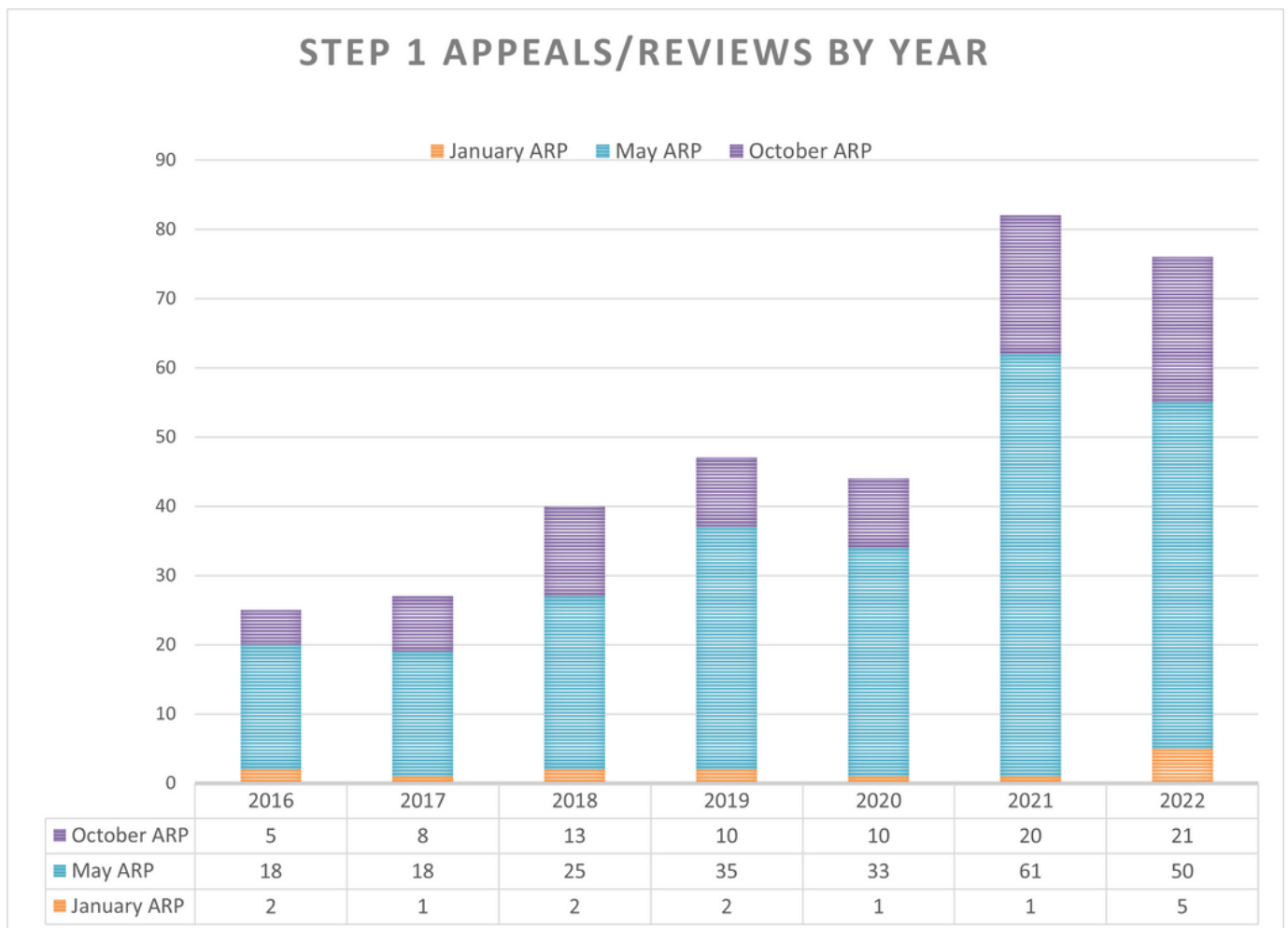
Figure 4. Breakdown of Step 1 Appeals/Reviews



STEP 1 APPEALS & REVIEWS cont.

Figure 5 below displays the volume of appeals/reviews per calendar year and by ARP process within the respective year. Subsequent to the increase in ARP reviews in 2021 and 2022, there is a corresponding increase in the number of appeals/reviews compared to preceding years (e.g., figures for 2021 are a 74% increase on the previous high of 2019). A slight decrease (7%) was noted for the 2022 figures compared to the 2021 figures.

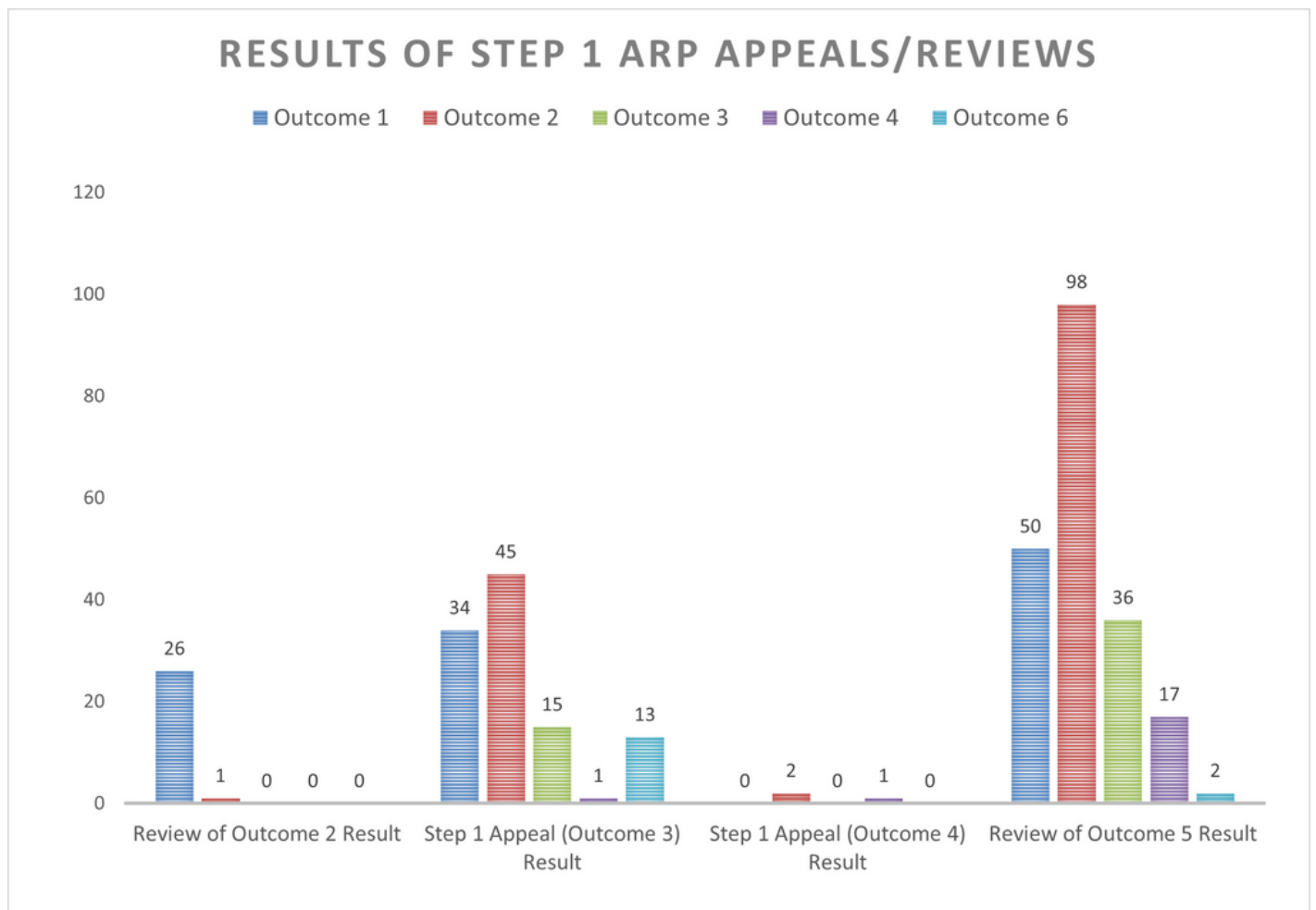
Figure 5. Volume of Step 1 Appeals/Review per year



STEP 1 APPEALS & REVIEWS cont.

Finally, figure 6 below details the results of these appeals and reviews. The same Outcomes, except for Outcome 5, may apply as a result during this stage of the process. A sizable proportion of the appeals and reviews have resulted in a positive upgrade in Outcome for a trainee, with 79% being awarded an Outcome 1, 2 or 6 and 96% of Reviews of Outcome 2 being upgraded to an Outcome 1.

Figure 6. Results of Step 1 Appeal phase

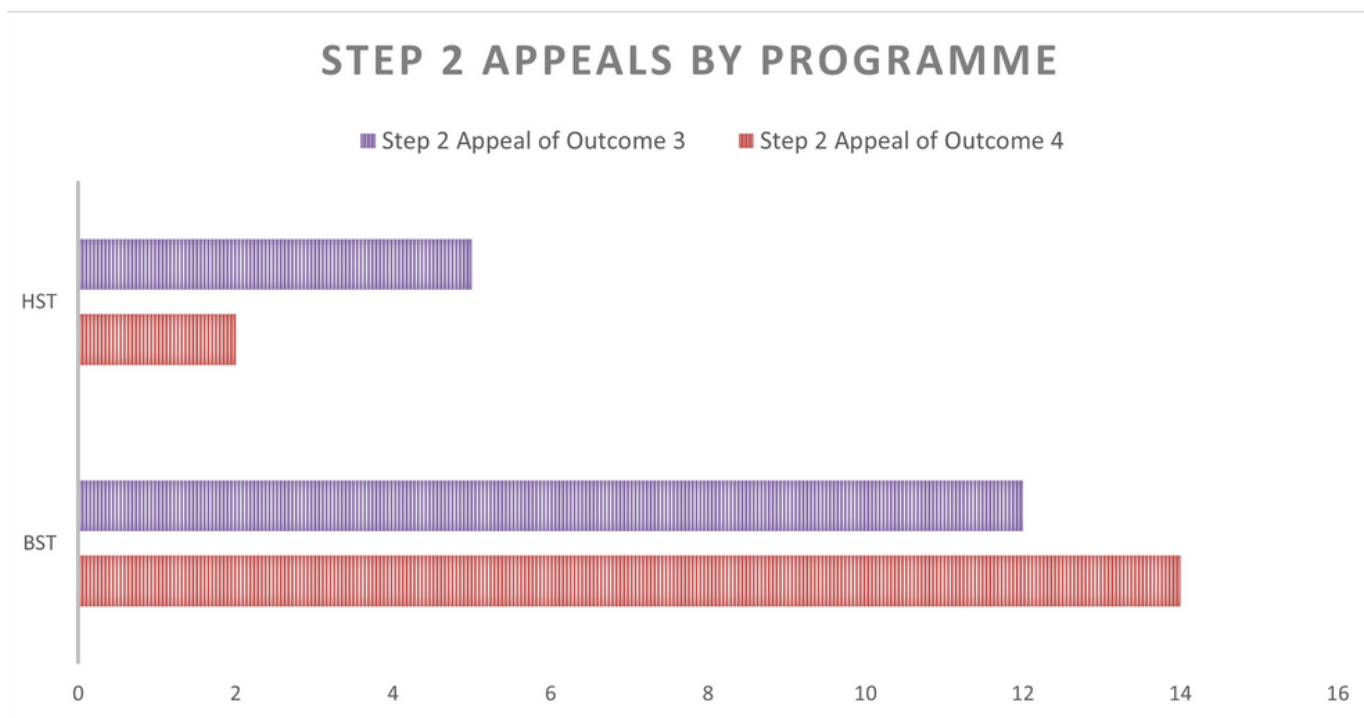


STEP 2 APPEALS

A Step 2 (Formal) ARP appeal may be requested by a trainee who is not satisfied with the result of their Step 1 appeal. This process involves a new, independent panel and allows for the trainee to be represented at the appeal. Step 2 Appeal requests have been made by trainees seeking to overturn an Outcome 3 or Outcome 4 result. The data below presents an outline of the quantity of Step 2 Appeals by training programme and initial outcome, as well as the number of such appeals in each calendar and, finally, the result of same.

There have been an equal number requests for Step 2 Appeals of an Outcome 3 and an Outcome 4. Again, appeals for BST form the majority of the total appeal requests at this stage of the process (76%), as demonstrated in figure 7.

Figure 7. Step 2 Appeal requests by training programme

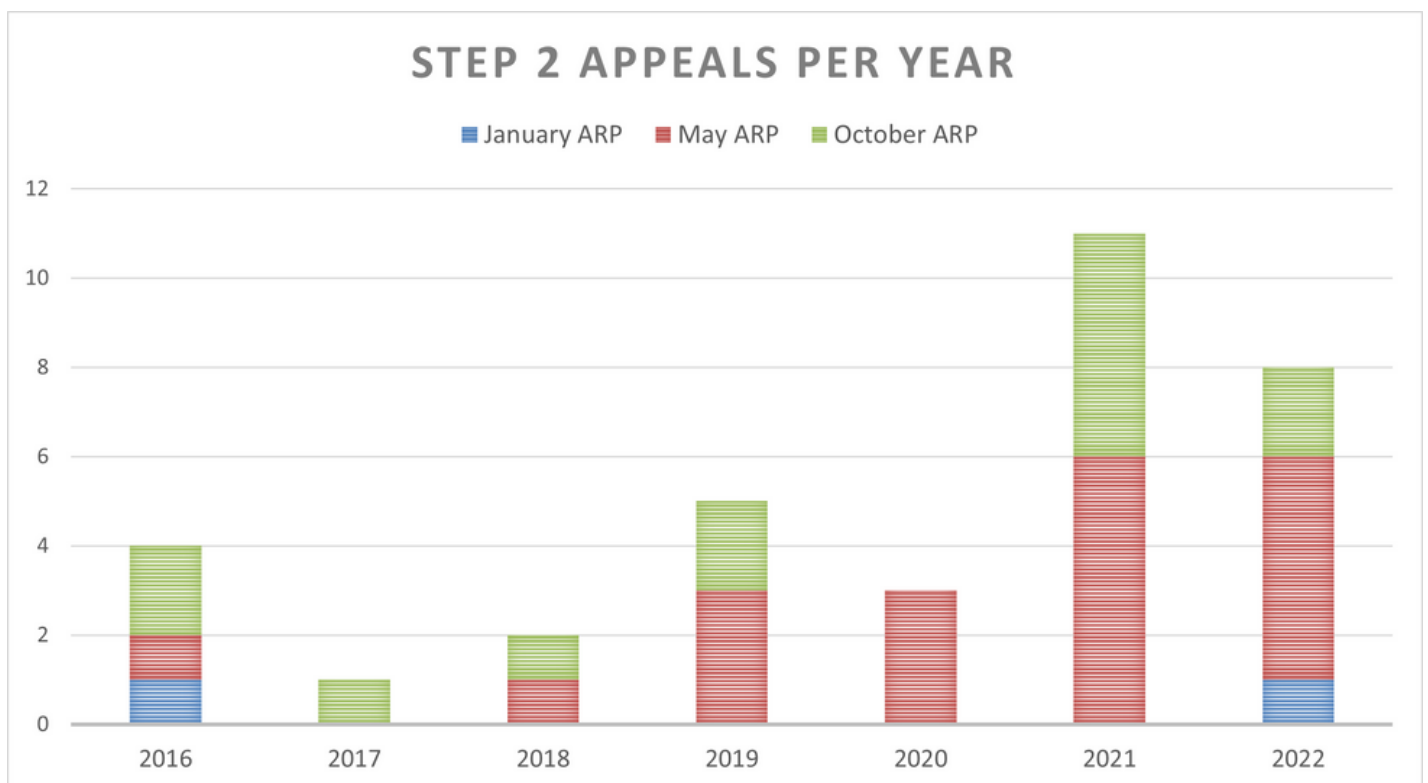


STEP 2 APPEALS cont.

There have been a varying level of appeals each year throughout the period reviewed for this report. Figure 8 shows the number of Step 2 appeals conducted each year and a similar pattern is evident with regard to activity levels in 2021 and 2022. The number of Step 2 appeals conducted in 2021 and 2022 together (19) exceeds the combined total of such appeals from 2016 to 2020 (15). Step 2 appeals are uncommon during the January ARP process and there have been appeals in the May and October ARP processes in five of the six years from 2016 to 2021.

Each Step 2 Appeal process may review more than one appeal but requires a new independent panel to consider the appeal. Again, three-person panels are convened but HST panel members have not been part of this process to date.

Figure 8. Breakdown of Step 2 Appeals per year

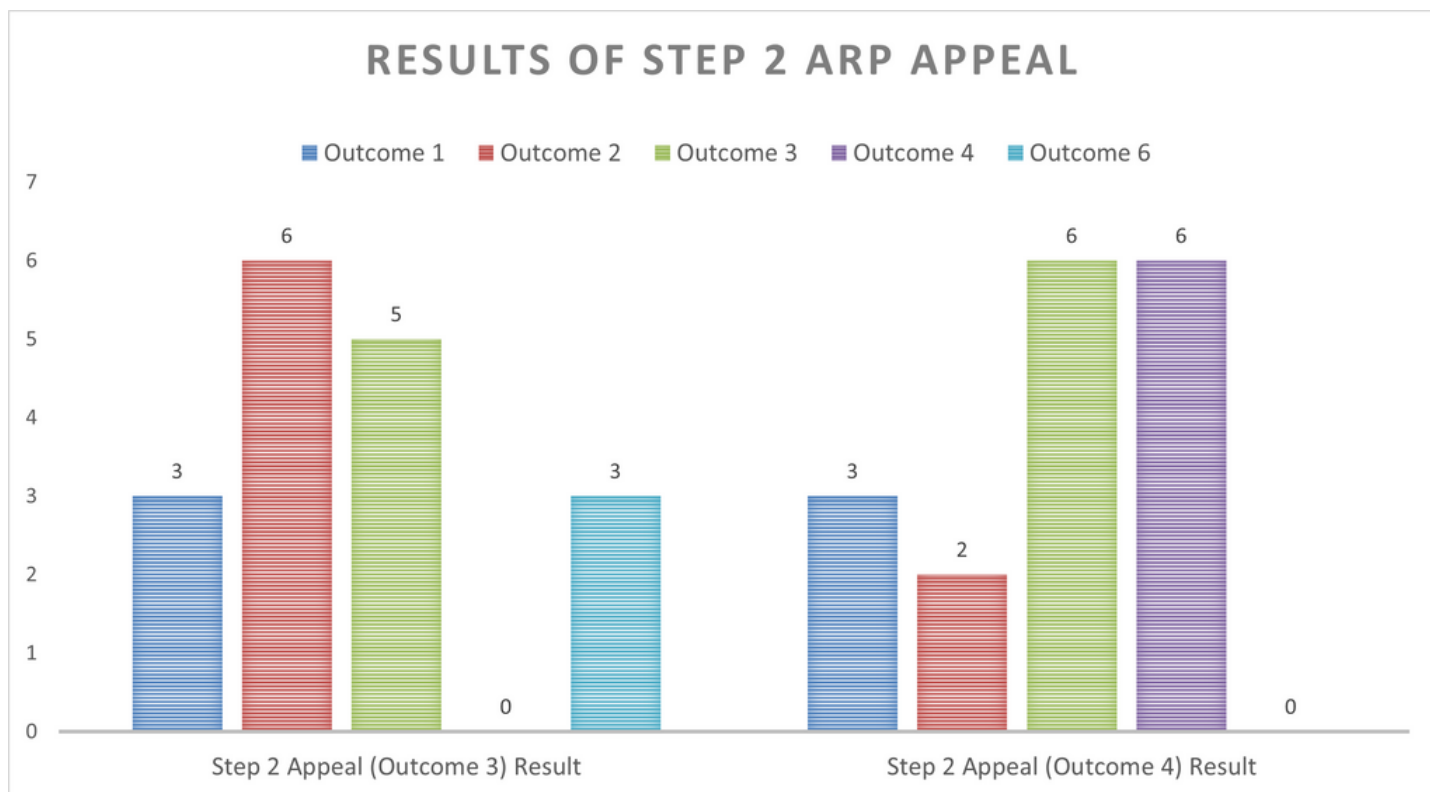


STEP 2 APPEALS cont.

Decision from Step 2 Appeals are considered the final internal avenue of appeal. While the process normally involves newly submitted evidence, it may also hear representations from those involved in the trainee's training. Legal representatives are not usually involved in this process and the appeal panel governs proceedings.

The results of the Step 2 appeals have concluded in an upgrade of Outcome in 68% of cases, with 50% of those seeing the decision overturned to a progression Outcome (Outcome 1, 2 or 6). The initial decision was unchanged in 32% (11 appeals) of cases and, of those appealing an Outcome 4, 35% were unsuccessful in overturning their appeal. A full breakdown of results is displayed in figure 9 below.

Figure 9. Results of Step 2 ARP Appeals 2016-2022

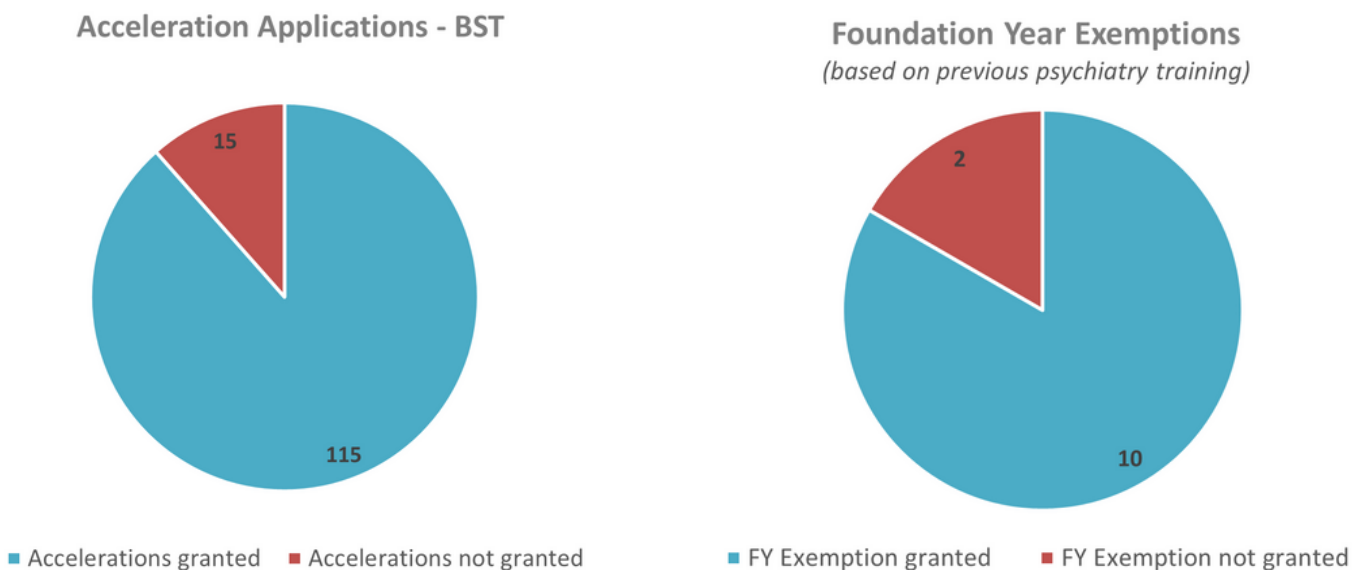


ACCELERATIONS & EXEMPTIONS

Trainees may, on the basis of previously completed specialist medical training, apply to have their training recognised towards BST in Psychiatry. This may take place prior to entry if previous training is in psychiatry, or early in Foundation Year if the training was in a different specialty. The application can result in an exemption from Foundation Year or acceleration of training by six months. Acceleration is also an option for BSTs on programme without previous specialist training. Upon receipt of an Outcome 1, trainees may apply to their Vice Dean to have their next ARP early and potentially accelerate. The ARP takes place six months earlier than originally scheduled and, if progress is awarded by the ARP panel, training is accelerated by six months. BST can be accelerated by a maximum of twelve months in total. Acceleration is not an option in HST.

There have been 130 acceleration applications for acceleration at ARPs within the period covered in this report. Additionally, there have been twelve applications for FY exemption based on previous psychiatry training. As shown in figure 10 below, most of these applications have been successfully approved.

Figure 10. Proportions of acceleration & FY exemption applications granted



FINAL ARP OUTCOMES

Following the appeals and review stages of the ARP process, final outcomes are confirmed. Any Outcome 5 results from the initial review will be changed to another Outcome by this stage. The final results from all reviews in this period can be viewed in figure 11. Over 93% of all final Outcomes result in progress or completion of training. Unsatisfactory results account for just over 7% of final decision, although Outcome 4 results remain rare. There is an almost even split of Outcome 1 and Outcome 2 results.

Figure 11. Breakdown of final ARP Outcomes

