

Acceleration of Training Principles and Process October 2024

Postgraduate doctors in training may seek acceleration through their training programme for one of two reasons:

1. They have previous experience or training (in UK or overseas) prior to entering formal GMC approved training.
2. They are acquiring capability at a significantly faster rate than that suggested by the indicative programme time.

The specialty curricula for doctors in postgraduate training (resident doctors) have indicative programme durations, however some flexibility exists if a doctor can demonstrate acquisition of the curriculum competencies and capabilities significantly more rapidly than this.

Any decision to agree an earlier CCT date must be based on sound educational principles.

These guidelines do not apply to doctors in FY1 or FY2.

Recognition of Previous Experience.

Changes to CCT due to previous experience in a UK training programme should be managed in line with the Academy of Medical Royal Colleges guidance:

https://www.aomrc.org.uk/wpcontent/uploads/2020/06/Guidance_flexibility_postgraduate_training_0620.pdf

Changes made to recognise previous experience outside of a UK training programme should be carried out using a similar process.

It is assessment of current capability that is critical. There is no requirement to say what previous experience will “count” towards training progression.

It is recognised, however, that some of the professional maturity to deal with uncertainty and become a senior decision maker can only be acquired by experiential learning within appropriate posts. Some doctors may have accrued a significant amount of experience before entering the formal training programme whilst others may have had little prior experience. ES and educators completing assessments need to be mindful of this when making recommendations of competency attainment.

Acceleration due to rapid acquisition of capabilities.

There will be occasions when a trainee progresses more rapidly than the expected rate of progress and in such cases an early outcome 6/CCT may be awarded (GG10: 4.11- 4.12). The award of an early outcome 6 will normally only occur when there has been exceptional performance, and it has been planned via the ARCP process and from an early stage. This is to allow sufficient time for programme planning to meet the curriculum requirements by the adjusted CCT date. A CCT date would normally be advanced by no more than 12 months WTE.

The doctor must be demonstrating exceptional performance – this is not about just having reached all the competencies early but demonstrating competencies and professionalism above and beyond current grade.

Principles:

1. The agreement to an application to bring forward a CCT date will *normally* be at the gateway ARCP at the time of progressing into the final training year. For a doctor in whole time training, this will be their penultimate ARCP. For a doctor training LTFT, the gateway ARCP may not be the penultimate ARCP. Applications after this time will not normally be considered on the basis that the penultimate ARCP would be able to identify outstanding capabilities and judge the amount of time required. Only in exceptional cases will acceleration in the final year of training be considered. In programmes where there are discrete curriculum stages, ARCP panels can consider exceptional progression to the next stage earlier in the programme.
2. Resident doctors training to be GPs may in exceptional circumstances accelerate in their final year of training – see below, paragraph 13.
3. The decision rests with the Postgraduate Dean advised by the ARCP panel, not the Royal Colleges.
4. The principles set out in Gold Guide Ed. 10 paras 4.1-4.17 apply.
5. Acceleration of training and change to a programme completion date will be based on evidenced current clinical capability and speed of progression to guide a learning needs assessment and estimation of the time needed to achieve the curriculum competencies.
6. Changes to a programme completion date do not remove the need to meet contractual requirements with an employer or placement provider, including notice periods.
7. It is recognised that professional maturity and dealing with uncertainty are sometimes difficult to assess and that educators may err on the side of caution to ensure patient and practitioner safety.

8. A reduction in training time will not be agreed if there are unresolved concerns about capability or conduct, including progression in specialty examinations or assessments required by the curriculum.
9. Acceleration of training due to previous experience or rapid progression is not possible in Foundation year 1 and 2.
10. For resident doctors on dual- or triple- accreditation programmes, all programmes must be completed prior to application for CCT (Gold Guide 3.88) and all TPDs must agree to the accelerated CCT date.
11. The reduction in training time will be a minimum of a single placement within the programme, or 4 months (whichever is shorter). The maximum reduction will be 1 year unless exceptional circumstances apply.
12. Once agreed, any additional training time required will be provided as an extension as defined by Gold Guide 4.100 – 4.115. It is not possible to 'give back' any accelerated time.
13. As doctors training in GP cannot sit their final exams until they are in their final year of training, acceleration is possible within the final year of training only after all exams have been completed and passed as well as all WPBAs being completed, and at the Postgraduate Dean's discretion.

Process.

1. The application to accelerate training should be agreed by the Educational Supervisor and resident doctor and discussed with the Training Programme Director well before the ARCP date. The resident doctor must ensure that there is demonstrable curriculum sign off, supported by appropriate evidence, to support such an application.
2. The Educational Supervisor will provide a statement of support to the ARCP panel if they agree that acceleration is appropriate. This must be documented in the eportfolio – the Educational Supervisor report is a good place to do this.
3. An Associate Dean needs to be present at the ARCP.
4. The ARCP panel will review the documentation and make an independent decision based on the evidence presented on the portfolio.
5. If the acceleration is agreed the CCT date must be recalculated and the ARCP Panel must document on the ARCP Outcome Form the reason(s) in detail.
6. There is no appeal process for this decision. However, it is expected that an ARCP panel rejecting an application will provide clear reasons for their decision.

Principles for Doctors working less than full time

For doctors training LTFT, the acceleration process is as described and identical to that for doctors in full time training. When commencing LTFT training, the CCT will automatically be moved back. Requests to progress at a quicker rate are viewed as acceleration and managed according to the acceleration principles in these guidelines.