

Acceleration of Training

Bringing forward a CCT date

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Increasing number of requests:

- Move to competency-based as opposed to time-based curricular
- Recognition that some RDs progress more quickly than expected
- Increasing numbers coming into programme with prior experience
- Pressure to produce 'fully trained' doctors and keep the pipeline moving
- Increasing numbers of LTFT resident doctors – particularly 80%

- Wessex 2025 – 62 acceleration requests, 49 accepted

Difficult for ESs, TPDs, H of S

- Do they agree with the resident doctor and with each other?
- What is the process?
- What are the rules?
- Differences between college advice and deanery process
- How to assess broader professional competencies that are acquired and develop throughout a medical career
- Final decision rests with ARCP panel not the immediate educators

Acceleration

- Doctors coming into a training scheme with extensive previous experience in training or non-training post in UK or abroad
- Doctors gaining capabilities across the board at an exceptional rate
- For both, planned process via ARCP
- Dean's decision based on recommendation by ARCP panel. Not College or SAC.
- Governed by COPMeD changes to CCT date guidance
- [COPMeD guidance on changes to programme completion date - Conference Of Postgraduate Medical Deans](#)

For previous experience:

- Manage 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
- Review portfolio with TPD or H of S, gap analysis
- Develop learning agreement with ES
- ES and TPD supporting acceleration, and documenting this
- Consider at the first annual or gateway ARCP, or hold additional ARCP to discuss

Recognition of previous experience

ARCP panel will need to see

- Evidence of competencies
 - WpBAs, MCR etc
- Evidence of support from TPD and ES
- Details of previous experience
- Reflection of RD on previous experience gained
- Suggestion from ES and TPD of how much time to accelerate

For example:

- Dr Kay has 4 years experience as a LED in Medical Oncology
- She now joins a Clinical Oncology Training scheme as a ST3
- After 3 months in post, it is apparent that she is working at ST4/5 level
- She meets her ES to discuss possible acceleration
- Comparing her competencies to the curriculum, she is a ST4 level for all except radiotherapy planning

Dr Kay

- ES and Dr Kay discuss with TPD
- Her timetable is altered (with no detriment to service provision or other RDs) such that she can attend more planning sessions
- She gathers evidence of her progression
 - WpBA, MSF, log book, reflection
- She meets with her ES again, who supports acceleration to ST4, documents this (in ESR) and discusses with TPD
- TPD supports and documents support

An ARCP is held at 6 months

- The panel agree a 6 month acceleration, she moves into ST4, and her CCT date is brought forward by 6 months

For rapid acquisition of capabilities:

- Plan from an early stage, via ARCP process
- For resident doctors who are exceptional across the board
- Usually at ARCP prior to final year of training
- Could be earlier at gateways in training
- Only exceptionally in final year (i.e within 12 months of CCT)
- Maximum is 12 months WTE
- Minimum is 4 months, or length of placement if shorter
- Time cannot be given back – potential OC 3

Process at Clinical level

- ST4 of a 6 year scheme – progressing on OC 1s
- Prior to next ARCP, which is a gateway, RD or ES/TPD raise acceleration as a possibility
- ES and TPD agree they would support this
- Doctor ensures portfolio demonstrates exceptional progress across the board
- ES supports and documents this on portfolio – in ES report
- TPD supports and documents this
- ARCP panel review all the documentation and approve a 6 month acceleration

Process at deanery level

- Programme team made aware of possible acceleration to ensure AD is present at ARCP (by discussion between programme manager and TPD)
- ARCP panel review and approve or deny, and document reasons
- Programme team adjust CCT date, inform employer etc
- Programme team also record number of requests and outcome
- No appeal process, but reasons for refusal should be clearly documented

To consider

- Training is more than acquiring capabilities
 - ‘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’.
 - ‘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’.
- Time to allow for capability to progress to expertise
- The most likely time for a doctor to be referred to GMC is in the first year as a consultant
- As TPD, you can support but not guarantee acceleration

Difficult decisions for discussion

- 80% LTFT hoping for acceleration to progress as if they were 100%
- Short accelerations in last year of training for RD to take up post CCT fellowship
- Need to ensure consistency across the different training schemes across Wessex
- Need to ensure nationwide consistency

