

Acceleration of Training Principles and Process

Introduction

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 exceptional 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 apply to speciality and GP resident doctors; they do not apply to doctors in FY1 which is a time-based programme.

For FY 2 doctors please see the final paragraph.

Gold Guide Principles.

4.9 All postgraduate medical training curricula developed in the UK and approved by the GMC may reference indicative training time to experience the learning opportunities that will enable the required capabilities defined in the curriculum or the time that the training programme is normally expected to take.

4.10 This is important for two reasons:

1. to define a 'full' programme of prospectively approved training that entitles an individual who successfully completes it to the award of the CCT
2. to make sense of a capability-defined programme of educational progression within a framework of 'time required' to enable breadth of experience and practice to ensure that the capabilities gained are sustainable and part of everyday practice

4.11 There will be occasions when a postgraduate doctor in training progresses more rapidly than the expected rate of progress and in such cases, the award of an Annual Review of Competence Progression (ARCP) Outcome 6 can be brought forwards. However, this can only occur if:

- i. the individual has gained all the relevant capabilities required in the curriculum

ii. the individual has completed all the necessary examinations and assessments

4.12 Early achievement of the CCT needs to be planned via the ARCP process and would not normally be advanced by more than one year, the final opportunity to bring forwards the CCT date would normally be at the penultimate ARCP.

Recognition of Previous Experience.

Resident doctors may request acceleration based on relevant experience already gained in a UK or overseas training or non-training post. It is expected that the request for acceleration would 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 and considered at the first annual or gateway ARCP,

allowing time for collation of evidence to support such a request following commencement of the training post.

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. In exceptional circumstances, acceleration in the final curriculum year of training, but before 12 months from CCT, will be considered for LTFT resident doctors.

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 12.
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. 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.
10. 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. Employers must receive adequate notice of the post becoming vacant.
11. 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.

12. 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.

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Process.

1. The request 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 within the portfolio, to support such a request.
2. If the Educational Supervisor agrees that the acceleration is appropriate, they will provide a statement of support to the ARCP panel. This must be documented in the eportfolio – the Educational Supervisor report is a good place to do this.
3. The Training Programme Director will inform the Programme Team of the acceleration request in advance, no later than when the timetable is being prepared.
4. An Associate Dean needs to be present at the ARCP.
5. The ARCP panel will review the documentation and make an independent decision based on the evidence presented on the portfolio.
6. 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.
7. The employer will be notified of the change of CCT date and the date changed on TIS.
8. The acceleration will start a minimum of six weeks after the ARCP date to allow time for the changes by Deanery Teams and Employers.
9. 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, documented on the ARCP Outcome Form.

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 to allow for training to be completed on a LTFT basis. Requests to progress at a quicker rate are viewed as acceleration and managed according to the acceleration principles in these guidelines. As above, in exceptional circumstances, acceleration will be considered for resident doctors who are within their final curriculum year of training, but who have longer than 12 calendar months before their CCT date.

FY 2 doctors

There is an expectation that FY 2 training takes 12 months pro-rata training with training end date adjusted for resident doctors training LTFT or taking time out of training.

For LTFT doctors working at 80% or more, if the resident doctor has achieved all curricular outcomes and can demonstrate exceptional performance, acceleration can be considered (with a confirming statement by ES/FPTD). This must be signed off by FSD or nominated representative.

A RO-to-RO discussion may be triggered for those doctors leaving a programme early without appropriate notice.

Acceleration Process Flow-Chart

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