

## **Acceleration of Training in Paediatrics: Principles and Process**

**Postgraduate doctors in training may seek acceleration through their training programme for one of the following 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.

### **Overarching principles governing acceleration**

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

A CCT date would normally be advanced by no more than 12 months WTE over the course of the entire training period.

The decision to agree acceleration requests rests with the Postgraduate Dean, advised by the ARCP panel. 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.

Although accelerated progression to another level can only be agreed at ARCP, this should not stop resident doctors (RD) being given opportunities to develop more senior capabilities in a supported and supervised environment.

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.

With these principles in mind, NHSE Wessex make the following recommendations

#### **1. Recognition of Previous Experience.**

Some doctors may have accrued significant amount of experience before entering the formal training programme. RDs 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 considered by 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 assessment of current capability that is critical. ES and educators completing assessments need to be mindful of this when making recommendations of competency attainment. Previous experience needs to have been obtained at an

appropriate level of training and acceleration on these grounds can only be granted once in the entire training period.

## **2. Acceleration due to rapid acquisition of capabilities.**

There will be occasions when an RD progresses more rapidly than the expected rate of progress. 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 from an early stage. The doctor must be demonstrating exceptional performance – achieving competencies and demonstrating professionalism above and beyond their current training grade. This must be supported by the educational supervisor (provision of longitudinal supervision will facilitate this), quality of WPBAs, the extent of tagging within the relevant curriculum and comments in the MSF.

### **Timing of acceleration**

The request to bring forward a CCT date will ordinarily be considered at one of the following ARCPs:

**1. Progression from ST1 to ST2 (if accelerating on the basis of previous experience)**

**2. Gateway from ST4 to ST5 (completion of core training)**

**2. The penultimate ARCP**

*\*The above principle is based on the COPMED guidance that suggests “In programmes where there are discrete curriculum stages, ARCP panels can consider exceptional progression to the next stage earlier in the programme”*

Applications for acceleration after the penultimate ARCP will not normally be considered on the basis that this ARCP would be able to identify outstanding capabilities and judge the amount of time required. Acceleration after the penultimate ARCP will only be considered in exceptional cases.

Acceleration of training will be based on evidenced current clinical capability and speed of progression to guide an assessment of learning needs and an estimation of the time needed to achieve the curriculum competencies.

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.

For residents & doctors on subspecialty training programmes, the subspecialty competencies and the generic paediatric competencies must both be completed prior to application for CCT. The ARCP panels must consider the recommendations from the CSAC review in order to ensure that the resident doctor is making

exceptional progress in both domains of training (general paediatrics and subspecialty training).

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.

Once acceleration has been 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 and any extension to training at a future date would only be given in line with the processes outlined in the Gold [Gguide](#) (usually by giving an outcome 3 at ARCP)

### Process

1. RDs wishing to accelerate their training should make this known to their TPD and educational supervisor at their initial meetings and, where appropriate and possible, should be enabled to demonstrate the capabilities and requirements for progression by considering placements appropriate to their PDP.
2. The application to accelerate training should be agreed by the Educational Supervisor and resident doctor and discussed with the Training Programme Director ideally at least 6 months before the ARCP date. The resident doctors must ensure that there is demonstrable curriculum sign off, supported by appropriate evidence.
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. The ES 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.
5. An Associate Dean needs to be present and part of the decision-making panel at the ARCP.
6. The ARCP panel will review the documentation and make an independent decision based on the evidence presented on the portfolio.
7. Once a decision regarding acceleration is made, the CCT date must be recalculated and the ARCP Panel must document the reason(s) for the decision in detail on the ARCP Outcome Form.

8. The employer will be notified of the change of CCT date and the date changed on TIS.
9. The acceleration will start a minimum of six weeks after the ARCP date to allow time for the changes by Deanery Teams and Employers.
10. 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.
11. For doctors training LTFT, the acceleration process is as described and identical to that for doctors in full time training. Requests to progress at a quicker rate are viewed as acceleration and managed according to the acceleration principles in these guidelines.

References:

1. <https://www.copmed.org.uk/publications/gold-guide/gold-guide-10th-edition>
2. <https://www.rcpch.ac.uk/resources/paediatric-training-capability-based-progression>
3. [https://www.ficm.ac.uk/sites/ficm/files/documents/2024-10/COPMeD\\_Guidance\\_on\\_Changes\\_to\\_Programme\\_Completion\\_Dates - Sept 2024.pdf](https://www.ficm.ac.uk/sites/ficm/files/documents/2024-10/COPMeD_Guidance_on_Changes_to_Programme_Completion_Dates_-_Sept_2024.pdf)

## Acceleration Process Flow-Chart

