

Completing higher specialty training (HST) in physician specialties earlier than original CCT date (Accelerated CCT)

Advice for SACs

Background

Prior to 2003 a trainee was deemed to be competent after they had completed a specified time in an approved training programme. It was recognised that this requirement was based on an educationally unsound assumption that all trainees would achieve competency at the same rate. In 2003 it was appreciated that some trainees would require additional training time to achieve competency for independent practice whilst other trainees may require less time to achieve the same level of competency. Capability/competency based curricula have been developed and published where completion of training is based on assessment of having achieved specified capabilities/competencies rather than “time served” in training. To make training programmes manageable, however, Training Programme Directors (TPDs) required an indicative time at which the majority of trainees would be expected to have achieved capability/competency and these indicative times are published in all curricula for specialty and general internal medicine that are administered by the JRCPTB.

If a trainee is acquiring capabilities/competencies more slowly than anticipated, their training time can be extended at any Annual Review of Competence Progression (ARCP) by awarding them an ARCP outcome 3 which signifies a requirement for additional training time.

The situation for trainees who are acquiring capability/competency more rapidly than anticipated is less clear cut and this paper aims to give guidance for SACs about how a trainee may be recommended for CCT earlier than the date predicted by their indicative training time. Trainees and TPDs may wish to have an earlier CCT date for a variety of reasons but any decision to give an earlier CCT must be based on sound educational principles and not predicated (for example) on upcoming consultant vacancies.

Trainees may be seeking acceleration through their training programme for one of two reasons.

1. They have had previous experience or training (in UK or overseas) that has meant that they had already acquired significant capability prior to entering the formal GMC approved training
2. They have entered the training programme without prior relevant experience but are acquiring capability at a faster rate.

In either case, it is assessment of current capability that is critical. There is no requirement to say what previous experience will “count” towards training progression. Having said that, notwithstanding the fact that we are in a capability based curriculum, it is recognised 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 trainees may have accrued a significant amount of experience before entering the formal training programme whilst others may have had little prior experience. Unless the trainee has had significant previous experience, it is not anticipated that it would ever be appropriate to bring forward the CCT date by more than 25% of the indicative training programme time. If

acceleration is thought appropriate it has to be documented how much further time should be spent in both specialty and general internal medicine to achieve CCT.

This advice will apply to those in full time and less than full time training.

Process for recommending earlier CCT date

It is anticipated that a trainee and their educational supervisor should have discussed early completion at an educational meeting before it is raised more formally during an ARCP. In order for an early CCT to be recommended, the following conditions would need to be met:

- There have been no significant concerns about the trainee's previous progress
- The trainee and their educational supervisor must agree that it is in the trainee's educational interests to attain an early CCT and this recommendation must be supported by the TPD.
- If the trainee is seeking dual CCT (or triple CCT in the case of programmes with intensive care medicine) then the dates for all specialties (eg the higher specialty/specialties AND general internal medicine) must be the same and all TPDs must agree with the new proposed date.
- The ARCP panel that is considering acceleration through the training programme must agree that the trainee is ahead of the expected capability/competency progression. This would most frequently be the penultimate ARCP panel but may be earlier in training. It is good practice to review and either confirm or alter the CCT date at each ARCP panel.
- The final CCT date must be documented at the relevant ARCP and agreed with the Postgraduate Dean's representative and/or a Specialty Advisor who is external to the region. The documentation should include detailed justification of the accelerated CCT date
- At the final ARCP where the outcome 6 is awarded:
 - The accelerated CCT date on the ARCP form must be ratified
- Once the final CCT date has been agreed at the penultimate ARCP no further alterations to make it earlier would be acceptable. In the unlikely event that the trainee failed to meet mandatory targets set by the ARCP that determined the earlier CCT date, or if for any other reason the panel at the final ARCP felt that additional training was required, then it would need to issue an ARCP outcome 3 detailing the need for a further period of training and a further ARCP review. Whatever final CCT date is agreed and confirmed by the final SAC notification then any 6 month "grace period" would start from that date.

This guidance should apply to all medical specialties supervised by JRCPTB but may be subject to variation depending on subsequent GMC advice.

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