

## North West Deanery, Hospital and Community Care, Acceleration of CCT/Core End Date Principles

### Summary:

The decision to bring forward the Completion of Training (CCT) or core end date (for core training) is made at the penultimate ARCP i.e. the last ARCP prior to the resident doctor commencing their final year of training.

In programmes where there are discrete curriculum stages, ARCP panels can consider exceptional progression to the next stage earlier in the programme.

The final decision resting with the Postgraduate Dean (or their nominated deputy).

Progress must be **exceptional**.

### 1. Previous experience


Acceleration requests for experience gained prior to a resident doctor entering a training programme must be confirmed at their first ARCP (Annual Review of Competency Progression). Acceleration at this point must be clearly documented in their e-portfolio.

### 2. Individual Progression:

Once a resident doctor has commenced on a training programme, the duration of their training can potentially be shortened if they demonstrate capabilities ahead of their curriculum stage. Progress must be exceptional, with documented evidence in their e-portfolio.

### 3. Decision Process

- **Agreement:** The resident doctor and their educational supervisor must agree that they are ready to apply for an accelerated CCT/core end date. The educational supervisor should document their support for the acceleration in their educational supervisor's report.
- **Evidence Collection:** The resident doctor needs to ensure that their e-portfolio has demonstrable evidence of curriculum sign-off and relevant workplace-based assessments that show their clinical capabilities and progression.
- **ARCP Panel Review:** The penultimate ARCP panel (i.e. the ARCP before the resident doctor's final year of training) assesses the application and e-portfolio evidence. They evaluate the evidence to ensure the resident doctor meets the necessary criteria for acceleration.
- **Decision:** The ARCP panel provides a documented decision on the application.

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- **Final Approval:** The final decision rests with the Postgraduate Dean (or their representative) who confirms the new CCT/core end date. If approved, the resident doctor's CCT/core end date is brought forward.

#### **4. Criteria for Acceleration:**

- Based on current clinical capability and progression speed.
- Not applicable if there are unresolved concerns about capability or conduct.

#### **5. Limitations:**

- Minimum reduction is one placement or 4 months.
- Where possible, acceleration should complement rotation planning e.g. to align with a placement duration or rotation changeover.
- Maximum reduction is typically 1 year unless exceptional circumstances apply.
- Resident doctor must still meet the minimum threshold for their total duration of training time.
- Where a curriculum has pre-defined stages, transition through which is determined by demonstration of capability against pre-defined criteria, progression through those stages will be managed through the current ARCP process and relevant curriculum.

#### **6. Royal College/Faculty Guidance**

Royal Colleges/Faculties may have an additional process or documentation that must be complied with for the acceleration to be supported. The School must ensure the relevant processes are followed.


The School may wish to create their own local process or application form for acceleration requests, to be agreed between the Head of School & Programme Support Manager.

#### **7. Less Than Full-Time Training:**

- Where a resident doctor applies for, and is accepted for, LTFT training, the CCT/core end date will automatically be moved back to allow for the increased duration of the programme ([Gold Guide 10](#) para 4.87 iv.).
- Resident doctors working less than full-time can also apply to have their CCT/ core end date brought forward under the principles described above.

#### **8. Subsequent changes**

Once a resident doctor's CCT/core end date has been accelerated, they do not have the option of reversal.



Any subsequent extensions to the new CCT/core end date must be done through the ARCP process, i.e. an ARCP outcome 3.

**9. Reference:**

[COPMED Guidance on changes to programme completion date](#)