

North West School of Medicine Guidance: CCT Adjustment for Academic Clinical Lecturers (ACLs)

As stated in the North West Academic Policy & Process for Resident Doctors and Dentists, NIHR has confirmed that ACLs should undertake a 50/50 split of clinical and academic training across four years, or until CCT is achieved, whichever comes first. ACLs should liaise with both their academic and clinical leads prior to making any amendments, and they should be aware that NIHR confirms the training must be equally split.

Key Principles

1. Automatic adjustment of CCT date upon commencement of ACL post

The Resident Doctor's CCT date will automatically be adjusted based on a 50/50 split between clinical and academic training. The academic component does not count towards clinical training. The amended CCT date should be approved by the first ARCP panel after the ACL post begins.

2. CCT date confirmation

In some cases an extension to the CCT date may not be necessary, for example when research represents a substantial part of the core curriculum, or time spend in academia also provides evidence towards clinical capabilities.

If a Resident Doctor feels the CCT date should be adjusted to an earlier date than the adjusted date they should discuss with their clinical ES, academic supervisor, and TPD well before the first ARCP in the ACL post.

The ES and academic reports should provide support for a CCT date adjustment and this be considered by the ARCP panel (or panels if Group 1 specialties, in which cases both specialties should agree a single CCT date). Any ARCP panel decision to bring forward a CCT date must also be reviewed and approved by the Associate Head of the North West School of Medicine responsible for academic training.

3. Rationale for CCT date adjustments

Any ARCP panel decision to bring forward a CCT date must be based on documented evidence of clinical time and competency achieved.

4. Later request to bring forward a CCT date

The agreed CCT date at the first ARCP in the ACL role cannot be subsequently adjusted. The date could only be brought forward if the School process for acceleration through exceptional progress supports.

5. Additional training time

If a Resident Doctor's CCT date has been brought forward and they subsequently require additional training time, an ARCP Outcome 3 must be awarded to

facilitate this. A CCT date cannot be readjusted based on the proportion of clinical and academic time undertaken. See Gold Guide, paragraph 4.145.

6. **Contractual Requirements**

Changes to a completion date do not remove the need to meet contractual obligations with the placement provider, including notice periods.

7. **LTFT Adjustments**

A Resident Doctor going LTFT will have their CCT recalculated to reflect reduced training time.

Process for requesting CCT date adjustment

- **Step 1:** Resident Doctor liaises with their clinical and academic training leads and TPD to determine whether a CCT date adjustment is required.
- **Step 2:** If all agree, the Resident Doctor informs the relevant specialty administrator at least eight weeks prior to their first ARCP in the ACL role, specifying the proposed CCT date.
- **Step 3:** The specialty administrator records this on the ARCP timetable.
- **Step 4:** The Resident Doctor completes and uploads an up-to-date CCT date calculator to their e-portfolio, including the proposed CCT date.
- **Step 5:** The specialty ARCP panel (and IMS2 panel, if a Group 1 specialty) reviews the request.
- **Step 6:** If the ARCP panel(s) agree, the administrator attending the ARCP notes on the ARCP outcome form that the panel approves the request to adjust the CCT date.
- **Step 7:** The request is sent to the AHoS for review and final approval.
- **Step 8:** If approved, the CCT date will be recalculated and confirmed to the Resident Doctor, TPD, Lead Employer, Academic PSM, and other relevant parties. The AHoS should confirm approval by commenting on the ARCP outcome form(s).
- **Step 9:** The CCT date is amended on TIS. The amended CCT calculator is saved to SharePoint.