

North West School of Psychiatry - Acceleration Guidance

Explanatory Notes

These notes are to be read alongside the North West Deanery Acceleration Principles document [Acceleration of Training NWD Principles Aug 25.pdf](#). The hope is that these additional notes will provide some clarity on how we intend to apply the deanery guidance within the School of Psychiatry. They have been developed in discussion with the Heads of School in Psychiatry in other regions to ensure that the North West is aligned with the rest of the UK.

Why is acceleration considered?

For the majority of doctors, the suggested training time in psychiatry is usually appropriate. Time spent in our work allows us to gain not only competencies measured against the curriculum but also a good range of longitudinal experience which is invaluable for consultant practice. The guidance says progress must be exceptional. This is to convey that acceleration is not to be seen as the norm, or as an optional faster pathway in training. It is to recognise that occasionally there are situations either where somebody has had opportunities to gain quality training experiences outside of the training scheme, or that, due to somebody's particular training journey, they have had the benefit of an incredibly rich training that has offered more training opportunities than would normally be the case in the standard timescales. Acceleration principles are a way of these exceptional circumstances being recognised when this is requested. Exceptional performance for someone's training stage in and of itself would not be sufficient to warrant acceleration – it needs to be that the training they have received has taken them beyond their training stage.

To make this decision we require robust evidence to support it, just as we do to make the decision that someone can progress to the next year of training at ARCP. What evidence we are looking for depends on whether it is being considered in relation to previous experience or individual progression.

1. Previous Experience

For doctors who are requesting acceleration on the basis of previous experience, well-documented evidence that they had already achieved a number of the HLOs beyond their current grade would need to be provided at the first ARCP. This needs to be not only in the clinical domains, but also in the domains relating to governance, teaching and training, leadership and research. This would be assessed against the End of Year standards document for the relevant curriculum. For most HLOs there would need to be evidence that the doctor was consistently working beyond the End of Year Standards for their current stage of training. The End of Year Standards are available here: [Curricula documents and resources](#).

Due to the time required to pass all exams as well as complete a Case Based Discussion group, a short and a long case, it would be unlikely that a resident doctor in core training would be accelerated on the grounds of prior training, especially if this was primarily in a locally employed doctor post where the role was predominantly service provision (e.g. an FY3 type role). This is because, in our experience, it does take the full 3 years to complete the psychotherapy competencies and once acceleration is applied this cannot be undone and the time given back later.

If you want to request that acceleration is considered on the grounds of prior training and you think it meets the above requirements then please inform your educational supervisor and training programme director as soon as you start in programme to allow this to be reviewed.

2. Individual Progression

Requests for acceleration on the basis of individual progression are assessed at the penultimate ARCP. The evidence would need to reflect that a doctor is close to achieving the End of Year Standards for the end of training (and beyond the End of Year Standards for their current year). This would need to be the case across most HLOs, including the non clinical HLOs relating to governance, teaching and training, leadership and research. For the remaining HLOs, where there is not yet evidence that the end of year standard has been met, a workable PDP would need to be presented to show how it was planned for these to be completed in the shortened timescale. Reduction in training time of between 4-12 months can be considered, but would usually be 6 months, or to fit in with rotation change dates.

Should you wish for acceleration to be considered on these grounds then please discuss with your Educational Supervisor and TPD ideally 4-6 months prior to your penultimate ARCP so they can look at the evidence to date and consider with you whether or not acceleration is likely to be considered. Support from your Educational Supervisor needs to be in their pre-ARCP report. Before they formally document their support it is expected that they discuss the request with the TPD with oversight to review if it does in fact meet that threshold. We will also need to plan for an external panel member to be present on the ARCP panel for quality assurance which takes time to arrange. That is why it needs to be raised well in advance of the meeting where that report is written.

It is worth noting that another option in the final year of training is to take up an acting up consultant post in the final 3 months that would provide the move up in responsibility whilst still having the benefit of a clinical supervisor. This is an alternative and it is not intended that both acceleration and acting up would be supported. For more information on acting up please see the relevant section of the Silver Guide [silver-guide-version-august-2024.pdf](#)

In dual training the clinical training in each individual specialty has already been shortened so this would be taken into consideration when an acceleration request was made. It means that this would be an even more unusual set of circumstances, and the evidence would need to be scrutinised in light of both curricula.

Other Notes

In psychiatry the only defined stages of training are CT1-3 and ST4-8. In other specialties there are other transition points where doctors formally take on more responsibilities and therefore acceleration could be considered through these stages, as referred to in the deanery guidelines, but these would not apply in psychiatry.

These principles are applied the same for both Less Than Full Time and Full Time doctors.

Finally, there is no guidance that will robustly cover every circumstance. The hope is that these notes, alongside the deanery principles, give you a good understanding of the spirit in which these decisions will be made. Early conversations with your Educational Supervisor or Training Programme Director are always encouraged and every effort will be made to give fair and transparent advice about your training journey. The Associate Head of School and Head of School are also available to provide support where there is lack of clarity. The final decision regarding acceleration rests with the Postgraduate Dean.

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