

North West School of Medicine Guidance: Acceleration of Training and CCT Adjustment

The North West Deanery has agreed on principles for adjusting a Certificate of Completion of Training (CCT) date:

<https://www.nwpgmd.nhs.uk/sites/default/files/Acceleration%20of%20Training%20NWD%20Principles%20Aug%2025.pdf>

The School of Medicine outlines considerations and processes for Resident Doctors requesting acceleration in Higher Specialty Training (HST).

Given the requirements of IMT Stage 1 training and the need to provide suitable placements for all Resident Doctors, requests for acceleration based on exceptional progress will be **rare**.

If a Resident Doctor believes an exceptional situation exists, they should initially discuss any plan to request acceleration with their ES. If their ES is in support the next discussion would be with their TPD. Requests regarding acceleration from Resident Doctors should not be addressed directly to the School team.

What is acceleration?

Acceleration is the process by which a Resident Doctor's CCT date may be brought forward where there is evidence of exceptional progression through training and all relevant curriculum requirements have been met.

What acceleration is not

- Acceleration is not recognition of prior experience.
- Acceleration is not an automatic consequence of satisfactory ARCP outcomes.
- Acceleration is not intended to address periods of LTFT training.
- Acceleration is not available simply because all curriculum capabilities have been achieved early.

Key Principles

1. Educational Basis

Any acceleration of a CCT date must be based on sound educational principles and consider the impact on other staff, including other Resident Doctors and the clinical service.

2. Contractual Requirements

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

3. LTFT Adjustments

A Resident Doctor going LTFT will have their CCT recalculated to reflect reduced training time. If this adjustment moves the date by more than two weeks to align with rotations, the acceleration process must be followed.

4. Exceptional Progress

Acceleration due to exceptional progression will be rare (expected in **<5%** of HST doctors). The criteria below are intended as indicators of exceptionality. Meeting individual criteria does not automatically result in acceleration, as evidence must demonstrate exceptional progression across all relevant domains.

- Outcome 1 at all ARCPs
- Multiple MSF ratings at the highest level
- ES report supporting exceptionality
- Multiple Consultant Reports consistently demonstrating capabilities in practice ahead of trajectory
- Evidence of excellence in teaching, research, and professionalism
- A minimum of 50% of WPBAs should be rated as 'above expectations'
- Exceptionality must be demonstrated in **all areas of all relevant curricula (IM and specialty for Group 1)**.
- Dependent on stage of training, Group 1 specialty Resident Doctors will also need to complete their GIM PYR documentation in preparation for the review.

5. Timing of Discussions

Discussions should occur **before the penultimate year ARCP**, as the panel will need to assess evidence. The School team will review requests prior to ARCP consideration (see process below). Please consider these timings carefully as **no further acceleration requests will be accepted outside this application window**; any new requests must wait until the next window opens.

Following acceleration, Resident Doctors must still have at least 12 months whole-time equivalent (WTE) training remaining before their revised CCT date.

6. Maximum Adjustment

Acceleration can reduce CCT by a **maximum of 12 months WTE** or a **minimum of 4 months WTE**.

7. Clarity of Request

The request must specify the proposed acceleration period and the new CCT date.

8. Time Out of Programme (OOP)

OOP can only count towards CCT if pre-approved at application and subject to

satisfactory ARCPs. Acceleration requests based solely on OOP will not be permitted.

Resident Doctors who are out of programme during the acceleration application window will not be eligible to apply. This is because evidence of current progression and curriculum attainment is required for review.

9. Prior Experience

Requests based on previous experience must be agreed at the **first ARCP** after joining the programme, with supporting evidence. Prior experience cannot be counted later in the programme.

Those wishing prior experience to count should **NOT** follow this process but ensure their TPDs (specialty and IMS2 if Group 1) are aware of the request at least eight weeks prior to their first ARCP.

10. Appeals

If an acceleration request is rejected then clear reasons will be provided. Resident Doctors can follow the [non-ARCP appeals process](#) to appeal acceleration decisions.

Process for Requesting Acceleration

- **Step 1:** Resident Doctor discusses with ES. If ES supports and evidence exists, escalate to TPD.
- **Step 2:** If TPD agrees, the Resident Doctor completes the [Microsoft Form](#) to apply. The application window is **02 November 2026** to **12 January 2027**.
- **Step 3:** School team panel reviews the application (Head of School / Associate Head of School / Associate Dean / Internal Medicine Stage 2 TPD (for Group 1 specialties) / Programme Support Manager).
- **Step 4:** If evidence supports exceptional progress, a specialty ARCP panel will be convened.
- **Step 5:** If the specialty ARCP panel is in agreement, the CCT date will be recalculated and amended CCT date confirmed to Resident Doctor, TPD, Lead Employer, and other relevant parties.

If at any stage acceleration is deemed inappropriate, the request will be rejected.

Please note that this is the current process as of October 2026. The process will be reviewed and updated if any changes to the guidance are introduced following the implementation of the 2026 Resident Doctors' Deal.