# Bringing Forward a Certificate of Completion of Training (CCT) date

## Senior Manager Group / English Deans, April 2023 v1.2

### Introduction

* The specialty curricula for doctors in postgraduate training (DrPgTs) have indicative programme durations, however some flexibility exists to bring forward Certificate of Completion of Training (CCT) dates if a DrPgT can demonstrate acquisition of the curriculum competencies and capabilities significantly more rapidly than this.
* Any decision to agree an earlier CCT date must be based on sound educational principles and also consider the impact on other staff, including DrPgTs, and the clinical service, of early completion.
* All applications will be managed through the ARCP process advising the Postgraduate Dean.
* This process does not apply to doctors in the Foundation year 2 given the short nature of that programme. Foundation Year 1 remains ‘time bound’ to 1 year, with an allowance of 20 days time out of training prior to a review by the Foundation School as per Gold Guide para. 3.185.

**Principles for review of a CCT date**

DrPgTs 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 significantly faster rate than that suggested by the indicative programme time.
3. That while a CCT change may be agreed on educational principles, the service and training rotation impact may mean that it is not appropriate to release the doctor from the training programme earlier than planned for. The decision being taken at the penultimate ARCP should reduce the impact on the rotation by allowing forward planning.
4. Changes to a CCT date represent at least 10% of the total indicative programme duration (i.e. at least 3 months for a 2 year programme, 4 months of a 3 year programme, 5 months of a 4 year programme and 6 months of a 5 year programme). Smaller reductions I training time than this are unlikely to be agreed given the possible negative impact on other doctors in the programme or rota and the risks to services.

**Recognition of prior learning**

Changes to CCT due to previous experience in a UK training programme should be managed in line with the Academy of Medical Royal Colleges guidance: <https://www.aomrc.org.uk/wp-content/uploads/2016/05/Accreditation_of_Transferable_Competences_0914-1.pdf>).

Changes made to recognise previous experience outside of a UK training programme should be carried out.

It is assessment of current capability that is critical. There is no requirement to say what previous experience will “count” towards training progression.

It is recognised, however, 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.

**Process**

It is a requirement that a DrPgT and their educational supervisor (ES) will have discussed early completion of training at an educational meeting before it is raised formally via an ARCP, and that the support from the ES is documented in the ES report. The following conditions would need to be met in order for an the CCT to be brought forward:

* There have been no significant concerns about the DrPgT’s clinical or professional progress and that they have completed all necessary examinations and assessments required for their stage of training.
* The DrPgT and their ES must agree that the DrPgT’s will has already, or will have, achieved all of the clinical and professional capabilities required significantly before the CCT date and this recommendation must be supported by the Training Programme Director (TPD).
* If the DrPgT is seeking dual or triple CCT then the dates for all specialties 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 DrPgT is ahead of the expected capability/competency progression.
* This would most frequently be the penultimate ARCP panel but may be earlier in training. (This may result in DrPgT “skipping” an ST grade. The ST grade would be changed with effect from the next rotation date.) It is a requirement to review and either confirm or alter the CCT date at each ARCP panel. Applications to bring forward a CCT date will not be considered after the penultimate ARCP.
* The final CCT date must be documented at the relevant ARCP and agreed with the Postgraduate Dean or their designated representative depending on local office policy. The documentation should include detailed justification of the accelerated CCT date.
* Once the final CCT date has been agreed at the penultimate ARCP no further alterations to make it earlier would be acceptable except in exceptional circumstances at the discretion of the Postgraduate Dean. 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 then any 6 month “grace period” would start from that date.
* The principles above apply to those undertaking training less than full time as well as those undertaking training full-time.

Trainees may be required to complete an “Application to bring CCT date forward” (appendix B) in advance of an ARCP panel and in line with local policies.

This information will then be made available to the ARCP panel to review and make a recommendation. The final decision rests with the Postgraduate Dean or nominated deputy.

**Appendix 1: Process Flow Chart**

**CCT date updated on TIS**

Postgraduate Dean responds in writing to the TPD and Dr in Pg training, having ensured that the principles detailed above are met, copying in:

* Regional Revalidation teams
* Education Programme Management

ES communicates this to TPD copying in Dr in Pg Training.

TPD requests change in CCT date in writing from Postgraduate Dean or their designated deputy, including impacts detailed above

TPD considers impact of earlier CCT on:

* Other doctors in the training programme
* Service provision in the employing / host provider

ARCP panel (usually the penultimate panel) reviews portfolio advises on whether a change to CCT is educationally appropriate.

ES communicates this to TPD copying in Dr in Pg Training.

Dr in Pg Training and Educational Supervisor meet and agree that training progression is significantly faster than defined within the curriculum.

This is documented in the ES report with reasons detailed

**Appendix B**

**Application to bring CCT date forward**

**Application form data set**

**Trainee personal information**

Surname

Forename

GMC number

Region/deanery

Programme Specialty

Dual/Sub-specialty

NTN/DRN

**Details of early acquisition of competences** (Competences should include reference/map back to the relevant curriculum)

Free text

**Current anticipated CCT date**

Date field

**Requested revised CCT date**

Date field

**Support from Educational Supervisor**

Does your current ES support this application Y/N \*

*(ES support should be referenced on the ES report in the portfolio)*

Name of ES

Email address of ES

**Support from TPD**

Does your current TPD support this application Y/N

Name of TPD

Email address of TPD

**Recommendation of ARCP panel**

CCT date remains the same – tick box

CCT date to be revised- tick box

**Agreed CCT date**

Date field

Name of ARCP panel chair

Date of ARCP panel

**Approval by Postgraduate Dean or nominated deputy**

Name of approver

Date of approval