

Completing training in medical specialties earlier than original CCT or CESR(CP) date

Interim advice for SACs

Background

Prior to 2003 a trainee was deemed to be competent when they had completed a specified period of time in an approved training programme. It was recognised that this requirement was based on an educationally unsound assumption that all trainees would achieve competency at the same rate. In 2003 it was appreciated that some trainees may require additional time in train to achieve competency for independent practice whilst other, more able trainees may require less time to achieve the same level of competency. We therefore entered the era of competency based curricula where completion of training was based on assessment of having achieved specified competencies rather than “time served” in training. In order to make training programmes manageable, however, Training Programme Directors (TPDs) required an indicative time at which the “average trainee” would be expected to have achieved competency and these indicative times are published in all the curricula for specialty and internal medicine that are administered by the JRCPTB. For the majority of training programmes, the indicative timing for specialty training (after completion of Core Medical Training) is 4 years. Many competencies are common to internal medicine training and specialty training and because of this most programmes require an additional 1 year of training to gain a CCT or CESR(CP) in internal medicine.

If a trainee is acquiring competencies more slowly than anticipated then their training time can be extended at any Annual Review of Competence Progression (ARCP) by awarding them an ARCP outcome 3 which signifies a requirement for additional training time.

The situation for trainees who are acquiring their competency more rapidly than anticipated is less clear cut and this paper aims to give guidance for SACs about how a trainee may be recommended for CCT or CESR(CP) earlier than the date predicted by their indicative training time.

Trainees and TPDs may wish to have an earlier CCT or CESR (CP) date for a variety of reasons but any decision to give an earlier CCT or CESR(CP) must be based on sound educational principles and not predicated (for example) on upcoming consultant vacancies. This advice will apply to those in full time and less than full time training.

European Union minimum training requirements

The EU currently insists that the minimum time spent in training to become a specialist is 4 years (and apparently it may soon extend to 5 years) but in practice UK training always exceeds this because those 4 years include CMT and no higher training programme is less than 2 years.

Process for recommending earlier CCT date

It is anticipated that a trainee and their educational supervisor would have discussed early completion at an educational meeting before it is raised more formally during an ARCP. In order for an early CCT or CESR(CP) to be recommended, the following conditions would need to be met:

- The trainee has had favourable ARCP outcomes through their period of training and there have been no irregularities in their training to date.
- The trainee and their educational supervisor must agree that it is in the trainee's educational interests to attain an early CCT or CESR(CP) and this recommendation must be supported by the TPD.
- If the trainee is seeking a dual CCT then the dates for both specialties must be the same and both TPDs must agree with the new proposed date.
- The duration of training must not be less than the EU minimum (as noted above, this is extremely unlikely to be the case).
- The ARCP panel preceding the PYA must agree that the trainee is performing exceptionally and is ahead of the expected competency progression.
- The final CCT or CESR(CP) date must be agreed and documented at the PYA. This will allow for the requisite externality.
- At the final ARCP where the outcome 6 is awarded:
 - The CCT or CESR(CP) date on the ARCP form must be updated to the new date
 - The previous completion date must be recorded in the 'detailed reasons for recommended outcome' with text to confirm that on review of progression an earlier completion date is supported
- Once the final CCT or CESR(CP) date has been recommended at PYA no further alterations to make it earlier would be acceptable. In the unlikely event that the trainee failed to meet PYA mandatory targets 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 or CESR(CP) date is agreed and confirmed by the final SAC notification then any 6 month "grace period" would start from that date.

This guidance should apply to all medical specialties supervised by JRCPTB but may be subject to variation depending on subsequent GMC advice.

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