



## Accelerated progression of specialty medical training and bringing forward Completion of Training (CCT) / Programme completion dates (COPMeD Sept 2024)

### A guidance document for Obstetrics and Gynaecology (June 2025)

While the specialty curricula have indicative durations, some Resident Doctors in Training (RDITs) could progress to completion in a shorter time than indicated due to acquisition of capabilities during the programme ahead of that determined by the curriculum.

The approach of tailoring programme duration to the individual is in keeping with the role of the statutory education bodies to deliver an effective and highly trained workforce for the NHS.

Where a curriculum has pre-defined stages, transition through which is determined by demonstration of capability against pre-defined criteria, progression through those stages will be managed through the current ARCP process and relevant curriculum.

This document outlines the principles for reducing training time based on individual circumstance. The core 'backbone' of this document was produced and written by COPMeD and issued in September 2024. Additional guidance has been added by the RCOG to help clarify how the generic guidance should be applied in Obstetrics and Gynaecology training. The specialty specific guidance does not contradict the principles set out in the COPMeD original, and can be identified by the red text and has been agreed by the Lead Dean for Obstetrics and Gynaecology.

#### Principles

- The agreement to an application to bring forward a CCT date will *normally* be at the penultimate ARCP.

In O&G, it will usually be the case that an RDIT will apply for acceleration to a way point (end of ST2, end of ST5, and completion of training at the end of ST7). This is because the RCOG curriculum has very clearly defined requirements for progressing beyond these way points and judgements made by the RDIT, the ES, the ARCP panel and the PG Dean, as to whether the RDIT is on course for completing them ahead of the original timeline, will be more objectively judged.

For acceleration purposes, the penultimate ARCP can be defined as the one prior to the ARCP at which it will be determined if a resident has achieved the accelerated targets. This will usually be 6-12 months prior to the final ARCP of training and original CCT date, but may



be 6-12 months prior to a 'waypoint' ARCP, for those wishing to accelerate earlier in their training programme.

Additional ARCP panels can be constituted for acceleration requests if needed.

- RDiTs entering O&G run-through training at ST3 level often have many years of experience and accumulated relevant skills and competencies prior to entering the training programme. Those to accelerate must follow the same rules as other RDiTs in O&G. Evidence for SITM progress is required by the matrix of progression for a standard outcome to be awarded at the end of ST5. Doctors who enter training in O&G at ST3 level without having completed, or making significant progress through, an SITM before entering ST3 will not be eligible to accelerate to the end of ST5.
- The decision with regard to the success of the application rests with the Postgraduate Dean (or representative), advised by the ARCP panel.
- The principles set out in Gold Guide Ed. 9 paras 4.1-4.17 apply.
- Acceleration of training and change to a programme completion date will be based on evidenced current clinical capability and speed of progression to guide a learning needs assessment and estimation of the time needed to achieve the curriculum competencies.
- Changes to a programme completion date do not remove the need to meet contractual requirements with an employer or placement provider, including notice periods.
- It is recognised that professional maturity and dealing with uncertainty are sometimes difficult to assess and that educators may err on the side of caution to ensure patient and practitioner safety.
- A reduction in training time will not be agreed if there are unresolved concerns about capability or conduct, including progression in specialty examinations or assessments required by the curriculum.
- Acceleration of training due to previous experience or rapid progression is not possible in Foundation year 1.
- For RDiTs on dual- or triple- accreditation programmes, all programmes must be completed prior to application for CCT (Gold Guide 3.87).



## Process

- The decision to bring forward a CCT date will normally be at the penultimate ARCP. Applications after this time will not be considered on the basis that the penultimate ARCP would be able to identify outstanding capabilities and judge the amount of time required.

See guidance above for a working definition of 'penultimate ARCP' for the purposes of this process

- The application to accelerate training should be agreed by the Educational Supervisor and RDiT and communicated to the Training Programme Director prior to the ARCP date.
- The RDiT must ensure that there is demonstrable curriculum sign off, supported by appropriate evidence, to support such an application.
- The Educational Supervisor will provide a **written** statement of support to the ARCP panel if they agree that a change in programme end date is appropriate.
- The ARCP panel will assess the information provided and determine whether sufficient evidence exists to reduce the overall training time required.

There is no appeals process for this decision.

- The reduction in training time will be a minimum of a single placement within the programme, or 4 months (whichever is shorter).
- The maximum reduction in programme duration rests with the ARCP panel and would not normally be in excess of 1 year unless exceptional circumstances apply.
- Where the ARCP panel supports the request, they will write to the Postgraduate Dean to seek approval for a change to the CCT and defining the next training year that will be entered. The final decision rests with the Postgraduate Dean (**or their representative**).
- Once agreed, any additional training time required will be provided as an extension as defined by Gold Guide para. 4.100 – 4.115.
- An RDiT working less than full time can apply to have a CCT brought forward in line with the principles and process described above.
- **An RDiT in O&G undertaking subspecialty training pre-CCT can complete this training in less than the indicative training time, as assessed by the RCOG subspecialty assessment panel. Their CCT date however can only be brought forward using the process described above ie an application for acceleration of training must be made to their 'home' deanery PG Dean via an ARCP panel.**



#### Additional notes

1. No appeals process
2. You can accelerate during ST7, but applications for acceleration should be submitted at least six months before the current CCT date
3. It is likely to be uncommon, but acceleration can potentially occur more than once during training
4. Acceleration of training occurs at the time when the Dean, or nominated representative, agrees with the ARCP panel that the application should be supported. The CCT is brought forward at that point. The subsequent ARCP is when the resident will be assessed to see if they have met the targets of this new timeline. If they haven't they should be awarded a non-standard outcome. They cannot reverse their choice to accelerate. Normal rules about additional training time will apply to them.
5. Bringing forward a CCT date should be based on meeting curricular requirements early, and should not be based on the knowledge of forthcoming vacancies in consultant posts.
6. The COPMeD guidance says that acceleration will usually be for no more than 12 months, unless exceptional circumstances apply. A doctor entering run-through training at ST3 could therefore apply to accelerate to the end of ST5, if they already had skills and competencies, strongly evidenced, including evidence attached to at least one opened SITM showing an appropriate degree of progression through that SITM. They would need to apply to accelerate sufficiently in advance of their first ARCP, so that an additional ARCP could be organised, potentially virtually, at which their application can be reviewed, and sent onto the Dean if the panel agree that the RDIT is eligible.
7. Doctors entering training at ST3 may wish to accelerate to the end of ST4. There is nothing in the COPMeD guidance that prevents this, although the targets for successful completion of ST4 are less well defined than those for the end of ST5.
8. Once Dean's approval has been obtained, the Panel will update the CCT date and ARCP outcome, inform the PGDIT, and inform the relevant College/ Faculty.



## Appendix one

Gold Guide 10<sup>th</sup> Edition 2024

Capabilities, experience and performance

4.1 The curricula approved by the General Medical Council (GMC) for foundation and specialty training programmes define the standards of capabilities, knowledge, skills and behaviours that must be demonstrated to achieve progressive development towards the award of the Foundation Programme Certificate of Completion (FPCC), the Certificate of Completion of Training (CCT) and the Certificate of Eligibility for General Practice Registration (approved programme). The outcomes for provisionally registered doctors determined by the GMC have been mapped to the curriculum. Curricula are mapped to the GMC's standards in Good Medical Practice and to the GMC's Generic Professional Capabilities Framework, which forms the basis of all medical practice.

4.2 Capabilities, knowledge, skills and behaviours take time and systematic practice to acquire and to become embedded as part of regular performance. Implicit therefore in a capability-based programme of training must be an understanding of the minimum frequency of practice, level of experience and time required to acquire competence, and to confirm performance in the specialty.

4.3 The foundation programme (including the specialised foundation programme (SFP)) is time and outcome-based. Provisionally registered doctors with a licence to practise must complete one year (full-time equivalent) in an approved foundation programme to be eligible to apply for full registration with the GMC. A complete foundation programme takes two years (full-time equivalent) to complete.

4.4 The assessment frameworks should deliver a coherent approach that supports the postgraduate doctor in training in developing their capabilities in a sustainable way through a combination of workplace-based assessments/supervised learning events, both formative and summative. This approach is designed programmatically so that the clinical and professional performance of postgraduate doctors in training in everyday practice is assessed.

4.5 The emphasis on workplace-based assessments/supervised learning events aims to address this through assessing performance and demonstration of the standards and capabilities in clinical practice. It means that trainers and postgraduate doctors in training must be realistic about undertaking these assessments, and that educational supervisors must ensure that appropriate opportunities are provided to enable this to happen effectively.

4.6 Postgraduate doctors in training develop their capabilities at different rates, depending on their own abilities, their determination and their exposure to situations that enable them to develop their skills. The expected rate of progress in acquisition of the required capabilities is defined in the curricula. This is important so that in NHS England Workforce, Training and Education (NHSE WTE),



NHS Education for Scotland (NES), Health Education and Improvement Wales (HEIW), and the Northern Ireland Medical and Dental Training Agency (NIMDTA), trainers, postgraduate doctors in training and employers are clear as to what constitutes acceptable progress in training. This will enable reasonable timeframes and resources for support and objectives to be set so that postgraduate doctors in training are aware of the boundaries within which additional training time can and will be offered.

4.7 Curricula and programmes of assessment evolve and develop over time. In order to ensure that postgraduate doctors in training receive the most relevant and up to-date training, and so that they are assessed appropriately, they will be required to move to the most recent foundation or specialty curriculum and use the most recent forms of assessment. As part of any developments, implementation plans for the transition of postgraduate doctors in training to new curricula will be submitted to the GMC. (See the GMC's 2021 position statement on moving to the new curriculum.)

4.8 While GMC-approved curricula are capability-based, some curricula have time and outcome-based objectives contained within them, and there might be specific periods of training defined and required within a curriculum.

4.9 All postgraduate medical training curricula developed in the UK and approved by the GMC may reference indicative training time to experience the learning opportunities that will enable the required capabilities defined in the curriculum or the time that the training programme is normally expected to take.

4.10 This is important for two reasons: 1. to define a 'full' programme of prospectively approved training that entitles an individual who successfully completes it to the award of the CCT 2. to make sense of a capability-defined programme of educational progression within a framework of 'time required' to enable breadth of experience and practice to ensure that the capabilities gained are sustainable and part of everyday practice

4.11 There will be occasions when a postgraduate doctor in training progresses more rapidly than the expected rate of progress and in such cases, the award of an Annual Review of Competence Progression (ARCP) Outcome 6 can be brought forwards. However, this can only occur if: i. the individual has gained all the relevant capabilities required in the curriculum ii. the individual has completed all the necessary examinations and assessments 4.12 Early achievement of the CCT needs to be planned via the ARCP process and would not normally be advanced by more than one year, the final opportunity to bring forwards the CCT date would normally be at the penultimate ARCP.

4.13 There are occasions where progress in training cannot be achieved because of events external to training even though the postgraduate doctor in training has remained in the workplace. This would result in a shorter period of time than expected having been available for training since the previous ARCP. In this situation, consideration would need to be given to training time being paused and the prospective FPCC date, core training programme end date or CCT date being extended following review at the ARCP (paragraph 4.114). The decision to pause training time is an important one and needs to be formalised with written agreement from the Postgraduate Dean. Reference



should also be made to the GMC's 2012 position statement on time out of training and foundation doctors should also refer to the GMC's information on registration.

#### Assessment of progression

4.14 Structured postgraduate medical training is dependent on having curricula that are mapped to the GMC's standards in Good Medical Practice and the Generic Professional Capabilities Framework. These curricula clearly set out the capabilities of practice, an assessment framework to know whether those capabilities have been achieved and an infrastructure that supports a training environment in the context of service delivery.

4.15 The three key elements that support postgraduate doctors in training in this process are formative assessments and interactions (e.g. supervised learning events and other supervisor discussions), summative assessments (e.g. foundation supervisor reports, assessments of performance and examinations) and triangulated judgement made by an educational supervisor. These three elements are individual but integrated components of the training process. While the formative elements are for use between postgraduate doctors in training and educational supervisors, engagement with them will aid the supervisor in making their informed judgement so that together with the other elements they contribute to the global assessment of progression (ARCP).

4.16 Assessment is a formally defined and approved process that supports the curriculum. Progress of individuals in their training programme is assessed using a range of defined and validated assessment tools, along with professional and triangulated judgements about their rate of progress.

4.17 An ARCP results in an 'Outcome' following evaluation of the documented evidence of progress (normally captured in the training portfolio) and determines the next steps for the postgraduate doctor in training. An outcome that reflects satisfactory progress confirms that the required capabilities, together with ongoing conformance with the GMC's standards in Good Medical Practice, have been achieved.