



Accelerated progression through GMC-approved training programmes in pathology specialties

Background and applicability

This guidance is applicable to postgraduate doctors in training (PGDiT) who are in a GMC-approved training programme in cellular pathology specialties (histopathology, diagnostic neuropathology, paediatric & perinatal pathology, and forensic pathology), infection specialties (medical microbiology and medical virology), and chemical pathology. It is intended to support consistency in the approach to accelerated progression through training in pathology specialties across the UK.

It provides a framework for bringing forward the expected date for the award of a Certificate of Completion of Training (CCT) and relates to PGDiT who have achieved the learning outcomes of their CCT curriculum at an exceptional rate while in a GMC-approved training programme.

The 2021 Royal College of Pathologists (RCPATH) specialty curricula emphasise the importance of PGDiT demonstrating achievement of high level learning outcomes, framed as capabilities in practice (CiPs), for the award of CCT. In parallel, there is less emphasis on strict counting of time spent in a recognised training programme in comparison with previous curricula. While indicative training times are provided in curricula, to facilitate planning within training programmes, training time may be adjusted to ensure that the end of training aligns with achievement of the required entrustment level for every CiP, including completion of all necessary examinations and assessments.



Principles for recognising acquisition of capabilities at an exceptional rate

1. When curriculum outcomes are being achieved at a slower rate than expected, the CCT date may be delayed by extending training time through the ARCP process. Similarly, the Gold Guide indicates that the CCT date may be brought forward when curriculum outcomes are being achieved at a faster rate than expected (including all necessary examinations and assessments), so that training may be completed in less than the indicative training time (see [Gold Guide, 10th Ed., para. 4.11](#)). This document is intended to provide operational guidance on bringing forward a CCT date because of an exceptional rate of progression within a training programme.
2. A CCT date may be brought forward only by demonstrating that curriculum outcomes have been achieved ahead of the expected trajectory set out in the relevant specialty curriculum (including all necessary examinations and assessments). In pathology specialties, it may be appropriate to bring forward the CCT date by between 3 and 12 months. Twelve months is the maximum permitted period because bringing forward the CCT date by more than 12 months may adversely affect experiential learning that supports development of skills related to clinical reasoning.
3. Bringing forward a CCT date can only be effected via the ARCP process. The penultimate ARCP is the final opportunity to bring forward a CCT date.
4. The PGDiT or their educational supervisor (ES) may suggest bringing forward the CCT date before the penultimate ARCP and both parties must be in agreement that it is educationally sound to do so before seeking approval from the ARCP panel. It is important to note that this should reflect genuine exceptionalism in the PGDiT's rate of acquisition of capabilities.
5. If the ARCP panel supports the request, approval from an appropriate representative of the Postgraduate Dean must be obtained. This may be the



Training Programme Director (TPD), Head of School (HoS) or others to whom the relevant Postgraduate Dean has delegated this responsibility.

6. When capabilities acquired at an exceptional rate have been recognised, allowing a CCT date to be brought forward, this process should not be subsequently reversed. If a decision is taken to revert to the original CCT date at a later point during training, or to extend the duration of training by a different amount of time for any reason, that should be treated as an extension to training and should be effected by an outcome 3 at ARCP.
7. For PGDiT who are expected to obtain dual CCT, the CCT date for both specialties must be aligned. Therefore, the CCT date may be brought forward only when the same revised CCT date has been agreed for both specialties. In the pathology specialties, this is anticipated to arise among doctors in Infection training in which case the second CCT specialty would be infectious diseases (ID) or tropical medicine (TM). In those circumstances, the JRCPTB process for adjusting a CCT date should be followed for ID or TM in parallel with the RCPATH process for Medical Microbiology or Medical Virology.
8. In addition to the PGDiT's remaining learning needs, the decision to reduce training time must take account of the examinations and assessments that need to be completed, as well as the anticipated time required to complete these. While it is not a pre-requisite that all examinations need to have been passed before deciding to bring forward the CCT date, consideration of accelerated progression is more straightforward when no mandatory examinations are outstanding.
9. These principles apply equally to PGDiT who are in full time training and those in less than full time (LTFT) training. It is assumed that a PGDiT who is working LTFT will have an expected CCT date that proportionately reflects their LTFT arrangement before the process outlined here is applied.



Process

1. PGDiT, Educational Supervisors (ES) and Training Programme Directors (TPD) should identify the potential for accelerated progression as early as possible and at least two months before the penultimate ARCP.
2. A curriculum gap analysis should then be undertaken as soon as possible. This should be carried out by the ES or TPD and documented using the appropriate curriculum gap analysis form (see link below). The evidence reviewed during the gap analysis and its conclusions should be documented using this form which should be uploaded to the ePortfolio.
3. The purpose of the gap analysis is to establish the entrustment level that the doctor in postgraduate training has demonstrated achievement of, for each CiP, and compare this to the expected entrustment levels at the end of training.
4. Based on the completed gap analysis, the training time that is likely to be required to achieve the relevant CiP entrustment levels can be estimated taking into account completion of all necessary examinations and assessments. If the estimated time required is at least 3 months less than the remaining indicative training time, the CCT may be brought forward by the corresponding period, up to a maximum of 12 months.
5. In the ES report for the subsequent ARCP, it should be made clear whether the ES supports the PGDiT's request to bring forward their CCT date, and by what duration. If the ES writing the ES report for that ARCP has not personally undertaken the gap analysis, they should review the gap analysis document when considering whether to support accelerated progression through the programme.
6. The gap analysis should be reviewed alongside the ES report at the next ARCP and a recommendation made by the ARCP panel to adjust the expected CCT date, or not, accordingly.



7. The recommendation to adjust the CCT date should be notified to RCPATH, using a CCT Date Adjustment Form (see link below). This includes approval from the TPD, HoS, or others to whom the Postgraduate Dean has delegated this responsibility.
8. When the CCT date has been brought forward, the ARCP form should indicate the training year that will be applicable at the next post in the rotation.

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