

Accelerated Training – OST Curriculum (2010)

Background

Prior to 2003, a doctor in training was deemed to be competent after they had completed a specified time in an approved training programme. This requirement was based on an educationally unsound assumption that all trainees would achieve competency at the same rate. Competency-based curricula have been subsequently developed where completion of training is based on assessment of having achieved specified competencies rather than “time served” in training. To make training programmes manageable, however, Training Programme Directors (TPDs) require an indicative time at which most trainees would be expected to have achieved competency. The indicative time for trainee ophthalmologists following the OST Curriculum (2010) is seven years.

The GMC launched a new set of standards in 2017, which required that curricula for all medical specialties be revised to become outcomes-based. These standards have been incorporated within a new OST Curriculum, which is due to be implemented in August 2024.

OST Curriculum (2010) will be discontinued in August 2026, at the end of a two-year transition period.

This guidance applies exclusively to trainees expected to follow OST Curriculum (2010) until completion, either by choice (as given if entering the OST6 stage at the point of transition) or because they will be in their final stage pre-CCT (OST7) in August 2024, whether in full or less-than-full time training.

Process for recommending earlier CCT date

Most trainees need to undertake the full time in training to acquire the necessary skills to become an independent practitioner and consultant. However, trainees able to demonstrate that they have acquired those skills earlier than the expected date may be able to apply for acceleration of training.

Any decision to give an earlier CCT must be based on **sound educational principles** and not predicated on upcoming consultant vacancies or fellowship posts, or to avoid transferring to the new curriculum.

Trainees should discuss early completion with their educational team and seek RCOphth endorsement before the request is raised formally during an ARCP.

Applications for acceleration must be made **at least 6 months in advance** of the proposed accelerated CCT date. The maximum CCT date acceleration is 12 months. The application process is the same regardless of the number of months’ acceleration requested.

Applications to the RCOphth cannot be made retrospectively and there can be no further additional or subsequent acceleration.

The following conditions would need to be met for an early CCT to be recommended:

- The trainee has had favourable ARCP outcomes throughout and there have been no irregularities in their training.

- The Educational Supervisor agrees that it is in the trainee's educational interest to attain an early CCT. This recommendation must be supported by the Head of School or TPD (where there is no School of Ophthalmology).
- The ARCP panel that is considering acceleration must agree that the trainee is ahead of the expected competency progression, and that there are no patient safety contraindications to early exit from the training programme.
- The trainee must complete each of the required WpBAs for the seven stages of training (including the full seven years' total of CbDs) and meet all other curricular requirements.
- There should be evidence of acquisition of Generic Professional Capabilities in the ePortfolio to demonstrate a degree of maturity and professionalism normally only achieved by serving the full seven years in training.
- Subsequent Educational and Clinical Supervisors must be made aware that the trainee is in their final year of training and should be assessed as such.
- The final CCT date must be agreed and documented at the ARCP. The documentation should include detailed justification of the accelerated CCT date.
- The date on the ARCP form must be correct when the Outcome 6 is awarded.
- Once the final CCT date has been recommended, no further alterations would be acceptable. In the unlikely event that the panel at the final ARCP felt that additional training was required, it would need to issue an ARCP outcome 3 detailing the need for a further period of training and a further ARCP review.

RCOphth (October 2023)