**Public Health - CCT Acceleration Principles and Application Form**

**Principles for review of a CCT date**

Public Health Registrars may be seeking acceleration through their training programme as a result of the following:

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. Changes to a CCT date should represent at least 10% of the total indicative programme duration (i.e. at least 5 months of a 4 year programme and 6 months of a 5 year programme). Smaller reductions in training time will only be considered in exceptional circumstances.

It is an NHSE and Faculty of Public Health requirement that a Registrar and their Educational Supervisor (ES) will have discussed the early completion of training at an educational meeting, before it is raised formally. The support of the ES should then be documented in the ES report on ePortfolio or provided in writing with the below application form.

This should also be discussed at the KA10 Assessment if Registrars have an indication at this juncture that they may be looking to accelerate their CCT date.

**The following conditions would need to be met in order for an the CCT to be brought forward:**

* The completed application form & evidence of ES support should be submitted to england.publichealth.yh@nhs.net **at least 3 months before the revised CCT date** being requested.
* There have been no significant concerns about the Registrar’s professional progress and that they have completed all necessary examinations and assessments required for their stage of training.
* The Registrar and their ES must agree that the Registrar has already, or will have, achieved all of the professional capabilities required significantly before the CCT date and this recommendation must be supported by the Training Programme Director (TPD).
* Once the final CCT date has been agreed no further alterations would be acceptable, other than in exceptional circumstances at the discretion of the Postgraduate Dean. In the unlikely event that the panel at the final ARCP felt that additional training was required, then it would need to issue an ARCP Outcome 3 detailing the rationale for this and a further ARCP review at an agreed future time.
* Once a final CCT date is agreed, the 6 month “grace period” would start from that date onwards, where relevant.
* These principles also apply to those undertaking training on a less than full time basis..

The accompanying form must be completed and signed by both the Registrar and the TPD before submission to the School administrative team (england.publichealth.yh@nhs.net.).

**The final decision rests with the Postgraduate Dean or nominated deputy (Head of School).**

**Section A – Registrar Information:**

|  |
| --- |
| **Details** |
| **Name:** |  | **Email address:** |  |
| **GMC:** |  | **Contact phone number:** |  |
| **Grade:** | Choose an item. | **Current Placement:** |  |
| **New Application** |
| **Details of early acquisition of competences** (Competences should include reference/map back to the relevant curriculum) |  |
| **Current anticipated CCT date**  | Click or tap to enter a date. |
| **Requested revised CCT date**  | Click or tap to enter a date. |
| **Recommendation of last ARCP panel (if discussed)** |  |
| **Date of your KA10 assessment** | Click or tap to enter a date. |
| **Name of Current Educational Supervisor**  |  Click or tap here to enter text. | **Email address of Educational Supervisor** |  Click or tap here to enter text. |
| **Educational Supervisor in support of application?** | Yes/No | **Evidence of ES support supplied?** | Yes/No |

|  |  |
| --- | --- |
| **Registrar signature** (Electronic signature can be used): |  |
| Date: | Click or tap to enter a date. |

**Section B - To be completed by the Training Programme Director**

|  |  |
| --- | --- |
| Are you in support of this request  | Choose an item. |
| If declined, please state rationale:  |
|  |
| Name of Training Programme Director  |   | Date  |  Click or tap to enter a date. |
| Signature  |   |

**Section C - HEAD OF SCHOOL Decision**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Is the CCT date revision approved or declined?  | Approved  |  [ ]  | Declined Please explain reasons fully below  |  [ ]  |
| If declined, please state rationale: |
|  |
| Name  |   | Date  |  Click or tap to enter a date. |
| Signature  |   |