**Application To Bring Forward Completion Date**

DrPgTs may seek acceleration through their training programme for one of two reasons:

* 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.
* 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.

The following conditions must be met:

* There have been no significant concerns about the DrPgT’s clinical or professional progress and that they have completed all necessary examinations and assessments required for their stage of training.
* The DrPgT and their ES must agree that the DrPgT’s has already, or will have, achieved all the clinical and professional capabilities required significantly before the CCT date and this recommendation must be supported by the Training Programme Director (TPD).
* The ARCP panel that is considering acceleration through the training programme must agree that the DrPgT is ahead of the expected capability/competency progression.
* The final CCT date must be documented at the relevant ARCP and agreed with the Postgraduate Dean or their designated representative.

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| **1. Personal details** |
| Surname |       | First name(s) |       |
| GMC/GDC number |       | Phone number |       |
| Email address |       | NTN / DRN |       |
| Programme Specialty |       | Dual / Sub-Specialty |       |

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| **2. Current Anticipated CCT / Completion Date** (to be completed by the ES and DrPgT) |
| Click to enter a date |

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| **3. Requested Revised CCT / Completion Date**(to be completed by the ES and DrPgT) |
| Click to enter a date |

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| **4. Details of early acquisition of competences** (Competences should include reference/map back to the relevant curriculum)(to be completed by the ES and DrPgT) |
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| **5. Support from Educational Supervisor**(to be completed by the ES and DrPgT) |
| Does your current ES support this application?*(ES support should be referenced on the ES report in the portfolio)* | Choose an item. |
| Name Educational Supervisor |       |
| E-mail address of Educational Supervisor  |       |

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| **6. Support from Training Programme Director or Head of School****(**(to be completed by the TPD) |
| Does your current TPD / HoS support this application? | Choose an item. |
| Name TPD or HoS |       |
| E-mail address of TPD or HoS  |       |

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| **7. Recommendation of the ARCP Panel**(to be completed by the Chair of the ARCP panel) |
| Agreement to bring forward CCT / Completion date? | Choose an item. |
| If yes revised CCT / Completion date | Click to enter a date |
| Name of ARCP Chair  |       |
| E-mail address of ARCP Chair  |       |

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| **8. Approval of the Postgraduate Dean or nominated deputy** |
| Name of approver  |       |
| Date of approval  | Click to enter a date |