

## TSC position on bringing forward CCT applicable to HST

### Update February 2026

The RCEM Training Standards Committee recognises that transparency, fairness and equity across EM training in the UK is required for the process of bringing forward CCTs. The expectation of the RCEM Training Standards Committee is that the vast majority of postgraduate doctors in training will complete the full 6 year (WTE) training programme. This document outlines guidance to postgraduate doctors in training, Heads of School, TPDs and Educational Supervisors regarding accelerated progress and early recommendation for CCT.

The EM 2021 curriculum indicative training time (100% whole time equivalent) is 6 years:

- 24 months at Core (ACCS CT/ST1-2)
- 12 -24 months at Intermediate (CT3/ST3 or DREEM) •  
36 months at Higher (ST4-6).

Experiential learning in Emergency Medicine is enabled through adequate time spent to allow for exposure to the depth and scope of practise. Any shortening of training time is done on a case-by-case basis at the ST5 ARCP and the motivations of an acceleration need to be clearly documented.

### Exceptional Progress through Higher Specialty Training

There should be demonstrated exceptional performance documented at ARCP in

ST4 and ST5 before CCT can be recommended to be brought forward at the ST5 ARCP. The ARCP commentary at ST5 must support bringing forward CCT. A maximum of 6/12 WTE at ST6 year shortening can be given, subject to the discretion of the ST5 ARCP panel. Following agreement and documentation at ST5 ARCP the ARCP Chair should notify the RCEM training team to indicate this intention. This will amend the CCT and required ST6 ARCP dates. Mandatory evidence for completion of ST6 and an outcome 6 will still be required to progress to recommendation for CCT.

For early CCT to be considered at the penultimate (end of ST5) ARCP the portfolio evidence required must include:

- The documentation of successful FRCEM examination results
- Documented high quality evidence of progress and reflective learning through higher specialty training
- Final ESLE of ST4 should be predominantly at level H •

Final ESLE of ST5 all graded at level C

All procedural competences signed off as achieved

- Faculty governance statement level 4 in SLOs 1-8 by the end of ST5 • ESR to confirm SLOs 9 to 12 all excellent at ST5
- ESR at ST5 to support the shortening of training time of up to 6 months WTE

### Acceleration and ACCS Training

- ACCS (CT1–2) training includes fixed rotation lengths (e.g. 6 months per specialty), making time-based adjustments less flexible.
- No CCT shortening is currently anticipated for ACCS trainees.
- These principles apply from ST3 onwards. ACCS rotations (CT1–CT2) have fixed time-based rotations and flexibility is limited at that stage.

**Postgraduate doctors in training working less than 100% whole time equivalent.** The RCEM Training Standards Committee recognises that the less than full time training experience may be different from the whole time equivalent, for example.

- There is considerable variation in the actual hours worked and absolute time in training across this group of postgraduate doctors in training
- There may be significant additional time spent working in EM training units for example doing locum shifts in training departments

For trainees working less than 100% whole time equivalent consideration should be given to the average number of hours actually worked during ST4 and ST5 at the ST5 ARCP. This may include additional hours such as locum shifts if these are appropriately logged and have taken place in a recognised training department. The progress and development of these trainees should be considered relative to a trainee working 100% of whole time equivalent and if considered equivalent then it may be appropriate to consider accelerating the CCT date during ST6. A maximum of 6/12 WTE at ST6 year shortening can be given.

The ESR and ARCP at ST5 should state that the progress and development relative to a trainee working 100% of whole time is considered equivalent.

It envisaged that for progress to be considered equivalent the doctor will be demonstrating exceptional performance and progress thus the above criteria for consideration of early CCT will have been demonstrated in the ST4 and ST5 training portfolio.

Following agreement and documentation at ST5 ARCP the ARCP Chair should notify the RCEM training team to indicate this intention. This will amend the CCT and required ST6 ARCP dates. Mandatory evidence for completion of ST6 and an outcome 6 will still be required to progress to recommendation for CCT.

**Postgraduate doctors in training on atypical or individualised training pathways** Many UK EM doctors follow a typical training journey from ST1-ST6 as outlined in the [RCEM Curriculum 2021](#).

Other postgraduate doctors in training may have an individualised journey that includes diverse experiences such as prior training in another specialty, out of programme experience or fellowships during which time relevant transferable knowledge, skills and experiences have been acquired.

This experience may be suitable for consideration against specialty learning outcomes which may allow for acceleration of training and early CCT (up to a maximum of 6 months). For this to be assessed the doctor must keep a contemporaneous record of relevant experience in the eportfolio which must include reflective notes and supervisor or other feedback such as workplace based assessments. This evidence can then be reviewed by a panel of senior faculty including Head of School and Training Programme Director and a recommendation made regarding acceleration of CCT.

It envisaged that doctors with significant additional experience will be demonstrating exceptional performance and progress thus the majority of the above criteria for consideration of early CCT will have been demonstrated in the ST4 and ST5 training portfolio.

Following agreement and documentation at ST5 ARCP the ARCP Chair should notify the RCEM training team to indicate this intention. This will amend the CCT and required ST6 ARCP dates. Mandatory evidence for completion of ST6 and an outcome 6 will still be required to progress to recommendation for CCT.

### Dual Training and Subspecialty Training

This guidance does not permit shortening of training time for trainees undertaking dual training with Intensive Care Medicine (ICM). The ICM curriculum is time-compressed, and training duration cannot be reduced through hours-based calculations. Acceleration may only occur through existing exceptional progression routes.

Similarly, subspecialty training in Paediatric Emergency Medicine (PEM)<sup>1</sup> and Pre-Hospital Emergency Medicine (PHEM) cannot be shortened using this guidance, due to fixed curriculum and competency requirements.

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<sup>1</sup> See Appendix 1

## **Appendix 1 (added October 2025): Postgraduate Doctors in Training – Subspecialty Training in Paediatric Emergency Medicine**

Paediatric Emergency Medicine (PEM) Subspecialty Training for Postgraduate doctors in training in Emergency Medicine follows the 2021 Paediatric Emergency Medicine subspecialty intercollegiate syllabus of the Royal College of Emergency Medicine and the Royal College of Paediatrics and Child Health.

[https://rcem.ac.uk/wp-content/uploads/2024/06/Appendix4M --Paediatric-Emergency-Medicine.pdf](https://rcem.ac.uk/wp-content/uploads/2024/06/Appendix4M--Paediatric-Emergency-Medicine.pdf)

The indicative training time (100% whole time equivalent) for Paediatric Emergency Medicine is

12 months for RCEM postgraduate doctors in training  
24 months for RCPCH postgraduate doctors in training

The ARCP for the PEM year usually takes place at the end of the placement. Given the relatively short duration of PEM subspecialty training it would be difficult to predict and plan an acceleration of training. In order for RCEM postgraduate doctors in training undertaking PEM subspecialty training to have the maximum opportunity for experiential learning as well as gaining all the required subspecialty PEM competencies, the expectation is that subspecialty training in Paediatric Emergency Medicine should not be accelerated or shortened.