

# Training Hours: Defining Full-Time Training as 40-hours per week

## Purpose

Following RCEM's 40-hour training week statement, this guidance is to provide clarity in how Emergency Medicine training time is understood, calculated and applied. This information aims to:

- Address common queries with practical guidance.
- Help manage CCT date requests and calculations more efficiently.
- Clearly distinguish between contracted working hours and training hours.
- Emphasise that the focus is on training hours.
- Clarify how these principles apply to both full-time and less-than-full-time (LTFT) trainees.

## 1. Defining Training Time: The 40-Hour Statement

RCEM has defined full-time training as 40-hours per week. This ensures consistency in how training time is calculated across all UK Emergency Medicine programmes. This guidance applies prospectively to training time from **1 August 2025** onwards. It does not apply retrospectively to training time undertaken before this date.

- *Training hours* refer to time spent gaining clinical and educational experience relevant to the EM curriculum, not general contracted or paid hours.

Any trainee working 40 or more hours per week is considered to be full time for training purposes. 40 hours per week is the maximum recognised training time.

RCEM defines training time solely for the purposes of CCT calculation and training progression. This guidance relates only to the recognition of training time and does not provide guidance on employment contracts, pay, banding, rota design or workforce arrangements, which all sit outside RCEM's remit.

Employment terms and conditions remain the responsibility of employers and are governed by NHS contracts. Deaneries and postgraduate teams apply this guidance to support fair and consistent recognition of training time, which is separate from contractual working arrangements. This guidance

applies across the UK and ensures consistency between RCEM training recognition across all regions and 4 nations.

## Summary of scope

This guidance:

- applies to Emergency Medicine trainees from ST3 onwards
- applies to the calculation of training time for CCT purposes only
- does not apply to ACCS CT1/ST1–CT2/ST2 training
- does not provide guidance on pay, employment contracts or rota arrangements.

## 2. Categorising LTFT Training: A 10% Block System

To simplify CCT calculations and ensure equity for LTFT doctors, training time should be categorised based on actual average hours worked in 10% blocks. The table below illustrates how this looks across a training year:

Average hours worked per week	Percentage of time applied to Training year	Training year in Calendar Months
>40 h	100 %	12 months
36–<40 h	90 %	13.3 months
32–<36 h	80 %	15 months
28–<32 h	70 %	17.2 months
24–< 28 h	60 %	20 months

The percentages shown above represent training time equivalence and may differ from a trainee's contractual whole-time equivalence (WTE). Training time is determined by average weekly hours worked over the placement, rather than contractual percentage.

Where rotas vary, trainees and training programmes should use the average hours worked across the relevant period to determine the appropriate training time category.

These blocks have been adapted from [Less-than-full-time medical trainees guidance](#) and helps standardise CCT date calculations across all regions and nations.

Trainees should use their confirmed average weekly hours available from HR or rota documentation to identify their average hours.

It is expected that the percentage of time applied to your Training year is not always the same as the WTE percentage applied for contractual/employment purposes. The percentage of employment recorded in systems such as TIS should represent the contractual position and not the time in training.

*Example: a trainee on a 0.8 contract working 38 hours/week will have a time in Training percentage of 90%, not 80% when it comes to training calculation.*

### 3. CCT Calculation and the CCT Calculator

The RCEM CCT calculator is unchanged and allows you to record your average weekly hours worked percentage, as well as retrospectively apply your WTE percentage.

From **1 August 2025** training time should be calculated using the **10% block system based on average hours worked**, not contractual Whole Time Equivalent (WTE).

If you are completing the calculator **retrospectively**, you must apply the correct system depending on the date of training being recorded. If it is prior to August 2025, then your whole-time equivalent (WTE) percentage should be applied.

The CCT calculator provides a projected *Certificate of Completion of Training (CCT)* completion date and full guidance can be found on [our calculation page](#)

### 4. Out-of-Programme Training (OOPT)

RCEM applies the 40-hour principle consistently to all approved Out-of-Programme (Training) placements.

Where the Emergency Medicine component of an OOP(T) averages 40 hours per week, this may be recognised as 100% training time, subject to prospective approval by the Postgraduate Dean and further approval from the GMC if it is not in an approved training site.

The recognition of training time undertaken during an OOP(T) remains at the discretion of the Postgraduate Dean and the ARCP panel and will depend on clear evidence that the required competencies have been achieved.

In accordance with the Gold Guide v10 (2024, paragraphs 3.157–3.161), OOP(T) placements are normally approved for a maximum period of one year.

Any extension beyond one year or concurrent OOPs must receive explicit approval from the Postgraduate Dean, and such approval is unlikely to be granted.

Recognition of training time during OOP(T) is not automatic, even where average weekly hours meet or exceed 40 hours. All OOP(T) placements must receive prospective approval from the Postgraduate Dean and RCEM. Recognition of training time remains subject to ARCP review and confirmation that curriculum competencies have been achieved.

There is a maximum amount of OOP(T) that may count towards training, in line with existing [RCEM](#) and GMC guidance. OOP(T) posts that are predominantly non-Emergency Medicine in nature may have limited or no training time recognised.

### 5. Early CCT: Acceleration Principles

There is a distinction between the definition of fulltime training and accelerating CCT for exceptional performance. 12 calendar months be completed for each training level when applying the Defining Full-time guidance.

ACCS rotations are time-based with fixed minimum durations and cannot be shortened using hours-based calculations. The principles outlined in this guidance apply from ST3 onwards. However, ST3 includes mandatory curriculum components, including Paediatric Emergency Medicine (PEM).

Depending on how PEM exposure is structured within a trainee's programme, this may require completion of a defined six-month placement. Where this is the case, that placement must be undertaken in full and is not subject to reduction or compression. Any calculation of time in training must therefore ensure that the required duration of ST3, including the full PEM component where applicable, is completed.

CCT can only be brought forward if progress at the ST5 ARCP is considered exceptional and the full criteria is met for reduction.

Criteria for early CCT consideration include:

- Demonstrated exceptional progress at ST4 and ST5.
- Full achievement of competencies and reflective learning.
- Strong support from supervisors and the ARCP panel.
- Shortening limited to a maximum of 6 months WTE.

[Full Accelerated guidance](#) can be found on our website.

## **FAQs**

**Q: When does the 40-hour training time guidance apply from?**

**A:** The guidance applies prospectively from August 2025. It is not intended to be applied automatically to training time completed before this date. Any review of training time would only occur as part of an ARCP process where appropriate.

**Q: I work 36 hours/week. What % of full-time training does that count as?**

**A:** 90% would be applied to your training

**Q: Does this change how I'm paid?**

**A:** No. Pay follows NHS terms and conditions. This guidance applies only to training time calculations.

**Q: What if my TIS percentage and RCEM percentage differ?**

**A:** This is to be expected — TIS records employment; RCEM records training equivalence.

**Q: Can I bring forward my CCT if I'm LTFT?**

**A:** Yes, if your progress at the ST5 ARCP is considered exceptional and the full criteria is met as per the guidance.

**Q: I do 44 hours/week. Does my time in training shorten?**

**A:** No. Anything 40 hours or above is considered full time. Additional hours will not affect your CCT. Please refer to the acceleration of CCT guidance.

**Q: Does time spent Out of Programme for Training (OOPT) automatically count towards CCT?**

**A:** No. Training time during OOP(T) is not automatically recognised, even if average weekly hours meet or exceed 40 hours. All OOP(T) placements must receive prospective approval from the Postgraduate Dean and, where required, RCEM and GMC approval.

RCEM will confirm the maximum amount of OOP(T) time that may count towards training. Final recognition of training time remains subject to ARCP review and confirmation that Emergency Medicine curriculum competencies have been achieved. OOP(T) posts that are predominantly non-Emergency Medicine in nature may have limited or no training time recognised.

**Q: I'm going on an OOP where 80% of my time will be spent clinical. Will this now be 100%?**

**A:** Providing the number of clinical hours is >40, this can be calculated as 100% under the block system.