

## Guidance for trainees on the 2014 Nuclear Medicine curriculum – updated August 2018

Please note this guidance applies to trainees appointed at ST3 level

### New training programme from August 2015

In the last 10 years there have been significant developments in hybrid imaging which combines functional imaging using radionuclides and radiological anatomic imaging (including SPECT/CT, PET/CT and PET/MR). The 2010 nuclear medicine curriculum was reviewed and rewritten in 2014 to ensure that nuclear medicine trainees would be equipped with the skills required to confidently interpret hybrid imaging studies, to review and interpret diagnostic imaging studies such as CT and MRI in patients undergoing radionuclide studies, and to present and discuss a broad range of imaging studies within multidisciplinary meetings.

Trainees entering nuclear medicine training undertake core level training in clinical radiology and complete the Fellowship of the Royal College of Radiologists (FRCR) examination before further higher nuclear medicine training and completion of the Diploma in Nuclear Medicine. During the first three years of the six year programme trainees spend 80% of their time in radiology and 20% in nuclear medicine, changing to 20% radiology and 80% nuclear medicine in the final three years. The last year of training includes the opportunity to take on a specialised field of study in advanced nuclear medicine imaging techniques (PET/CT and PET/MR), paediatric nuclear medicine, therapeutic nuclear medicine or research.

### Training level

Nuclear medicine trainees are appointed at ST3 level. For the purpose of clinical reporting and within the RCR eportfolio trainees are identified by both their training level in nuclear medicine and their training year in core radiology (eg ST3 nuclear medicine / year 1 core radiology).

### Enrolment and membership

New trainees enrol with the RCR and pay membership for the period of training in core radiology (three years). They also enrol with the Joint Royal Colleges of Physicians (JRCPTB) but do not pay the trainee fee until completion of core radiology. At this point they will need to pay two years of training fees to JRCPTB (currently £169 per year). This is in line with JRCPTB policy that all physician trainees pay equivalent of five years of trainee fees in total, regardless of programme length. Trainees will be contacted by both organisations with further information at the time of enrolment. JRCPTB and RCR provide support to individual trainees in a number of ways including calculation of certificate of completion of training (CCT) dates, approval of out of programme (OOP) time, providing advice about curriculum and training processes, eportfolio support and recommendation for CCT. JRCPTB are responsible for trainee support for core medical training (CMT) and the last three years of nuclear medicine, including the recommendation for CCT to the GMC. RCR are primarily responsible for trainee support for the period of core radiology training.

Trainees should note that membership of one of the Royal Colleges of Physicians is separate to the JRCPTB trainee fee and payment of membership fees during core radiology is an individual choice which does not form part of any training requirement.

Following successful completion of the Final FRCR examination, trainees are entitled to continue as full, subscribing Fellows of the RCR throughout their career. This is an individual choice which does not form part of any training requirement.

## GMC National Training Survey

Nuclear medicine is a small specialty. Although many centres host too few Nuclear Medicine trainees to generate local data about Nuclear Medicine training, the programme data generated by the GMC Training Survey provides useful information about specialty training nationally. Nuclear medicine trainees should respond to the survey on the Nuclear Medicine component of their training only over all 6 years of training. This will require the initial training information section of the survey to be completed as follows:

- Programme specialty: Nuclear medicine
- Programme: Nuclear Medicine
- Post specialty: Nuclear Medicine

There will be opportunity to change training information if this is incorrectly recorded.

## Eportfolio

The following general guidance relates to use of an eportfolio to maintain evidence of training progression.

- Trainees are only expected to maintain a single eportfolio during each period of training
- RCR started using a new trainee eportfolio, Kaizen, from September 2018. JRCPTB uses the NES ePortfolio ([www.nhseportfolios.org](http://www.nhseportfolios.org))
- Core radiology training (the first three years) is recorded in the RCR eportfolio and higher nuclear medicine (the final three years) in the JRCPTB eportfolio
- Trainees and supervisors should have access to both the RCR and JRCPTB eportfolios for the duration of training
- Nuclear medicine programme directors have access to the RCR eportfolio record to monitor progress and review ARCPs during core radiology training.

## ARCP process

Trainees should familiarise themselves with the relevant specialty curriculum, assessment arrangements and other documentation requirements needed for the assessment of their progress (and the supporting educational review and planning processes) at the start of the training programme.

During core radiology training, trainees ARCPs are conducted as part of the local radiology process, based on evidence recorded in the RCR eportfolio. Evidence of 80% clinical radiology and 20% nuclear medicine work place based assessments (WPBAs) will be considered alongside educational supervisor reports for both clinical radiology and nuclear medicine. The objective of the ARCP is to assess evidence of the trainee's continued progress against the competences described in the approved radiology and nuclear medicine curricula. A statement should be included within the ARCP electronic paperwork to the effect that the Nuclear Medicine educational supervisor report and WPBA have been reviewed and satisfactory progress (or otherwise) within the Nuclear Medicine component of training specifically recorded.

Following satisfactory completion of core radiology, trainees will continue onto their nuclear medicine specific years of training (4–6/ST6–ST8). Evidence of 80% nuclear medicine and 20% clinical radiology WPBAs will be considered alongside educational supervisor reports for both nuclear medicine and clinical radiology. The objective is to assess evidence of the continued progress against the competences described in the approved nuclear medicine curriculum and maintenance of core competencies in clinical radiology (this will also be part of the CESR process– please see below). A statement should be included within the ARCP electronic paperwork to the effect that the Clinical Radiology

educational supervisor report and WPBA have been reviewed and satisfactory progress (or otherwise) within the specialty of Clinical Radiology component of training specifically recorded

Guidance on the ARCP process is detailed in [appendix A](#).

### **Routes to specialist registration in nuclear medicine**

- Trainees who have been successfully appointed to a Nuclear Medicine programme who completed Core Medical Training (CMT) or Acute Care Common Stem – Acute Medicine (ACCS-AM) and passed the full MRCP(UK) diploma will be eligible for award of a Certificate of Completion of Training (CCT).
- Trainees who have been successfully appointed to ST3 Nuclear Medicine from alternative core training pathways (eg paediatrics or surgery) will be eligible for a Certificate of Eligibility for Specialist Registration via the Combined Programme (CESR CP).
- Doctors who gained the competencies required for entry into specialty training at ST3 in posts that were not approved by the GMC for training in nuclear medicine will be eligible for a CESR CP.
- Doctors entering Nuclear Medicine at year 6 having completed clinical radiology with radionuclide radiology will be eligible for a CESR CP.

### **Certificate of Eligibility for Specialist Registration (CESR) in clinical radiology**

Trainees may apply for a CESR in clinical radiology after successfully completing approved UK training in nuclear medicine as this curriculum includes a significant portion of the clinical radiology syllabus. A process has been agreed by the GMC, JRCPTB and RCR. The GMC will email trainees with details of how to request the award of a CESR in clinical radiology as part of their communication on making a CCT application in nuclear medicine.

If trainees request the award of a CESR in clinical radiology there is no need for them to make a separate online application or submit additional evidence. Trainees must apply for a CESR in clinical radiology within 12 months of completion of their approved training in nuclear medicine.

The training programme is summarised in [appendix B](#).

## Appendix A - ARCP guidance

### For trainees in years 1-3 (ST3-5)

Using your RCR eportfolio:

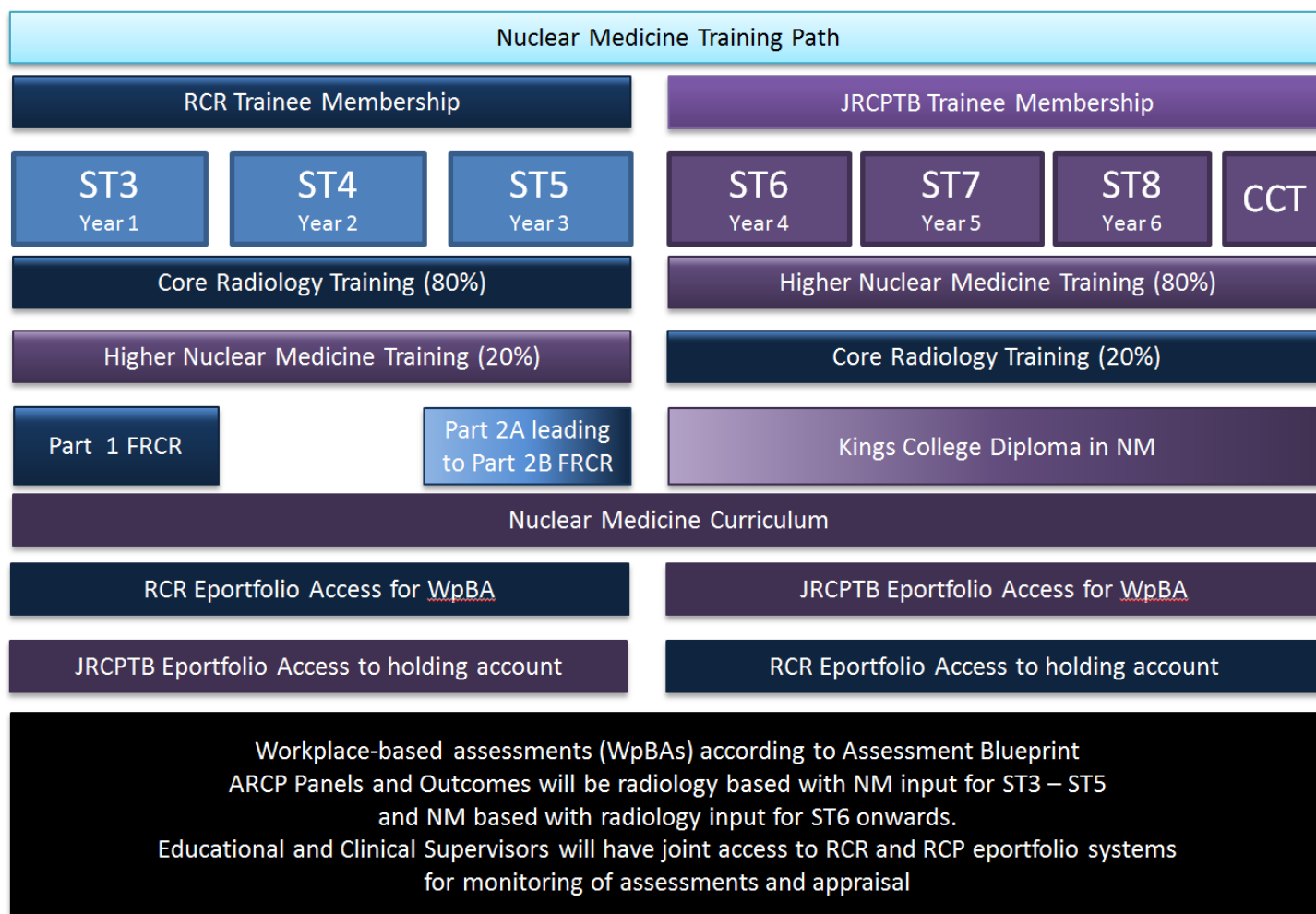
1. Ensure both your clinical radiology and nuclear medicine education supervisors and clinical supervisors have been added to your RCR eportfolio.
2. Ensure evidence of your clinical time in core radiology (80%) and nuclear medicine (20%) is appropriately reflected in your WPBAs. An educational supervisor (ES) report is required for both radiology and nuclear medicine.
3. Your ARCP will be carried out by the radiology ARCP panel in your local education and training board (LETB) or deanery. Educational supervisors' reports and WPBAs for both radiology and nuclear medicine will be considered by the ARCP panel.

### For trainees in years 4-6 (ST6-ST8)

Using your JRCPTB eportfolio:

1. Ensure both your nuclear medicine and radiology education supervisors and clinical supervisors have been added to your JRCPTB eportfolio.
2. Ensure evidence of your clinical time in nuclear medicine (80%) and clinical radiology (20%) is appropriately reflected in your WPBAs. An educational supervisor (ES) report is required for both radiology and nuclear medicine.
3. ARCPs will be carried out by the nuclear medicine ARCP panel. Educational supervisors' reports and WPBAs for both radiology and nuclear medicine will be considered by the ARCP panel.

## Appendix B – Nuclear medicine training pathway



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