

## Guidance for trainees on the 2021 Nuclear Medicine curriculum

### New dual CCT training programme from August 2021

- Trainees appointed from August 2021 will follow the new curricula for Nuclear Medicine (NM) and Clinical Radiology (CR) leading to dual certificate of completion of training (CCT), assuming training progression is satisfactory.
- Trainees will undertake an indicative three years of training in CR, while starting to build NM experience (80% CR / 20% NM). For the next three years they will train predominantly in NM while continuing to develop their CR skills (80% NM / 20% CR).
- During the first three years of training while in 80% CR, the Fellowship of the Royal College of Radiologists (FRCR) parts 1 and 2a will be taken, with FRCR2b being completed at the start of the 80% NM three years. During the 80% NM phase of training the Nuclear Medicine Diploma will also be achieved.

### Training level

Trainees will be appointed at ST3 level to NM but 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 clinical radiology (eg ST3 NM : ST1 CR).

### Royal College enrolment and membership

- The Joint Royal Colleges of Physicians (JRCPTB) is responsible for trainee support for Internal Medicine Training (IMT) and higher training in NM. The Royal College of Radiologists is responsible for trainee guidance and support for CR training. Both the JRCPTB and the RCR will make the recommendation for award of CCT to the GMC if training and qualification progression is satisfactory, with the process being coordinated by the JRCPTB.
- JRCPTB and RCR provide support to individual trainees in many ways including curriculum development, standard setting, eportfolio support, calculation of CCT dates, approval of out of programme (OOP) time, providing advice about training processes and recommendation for CCT.
- New trainees will enrol with the RCR and pay membership for the first three years of training of 80% CR. At the commencement of training, trainees must also enrol with the JRCPTB but do not pay the JRCPTB trainee fee until completion of ST5 NM : ST3 CR.
- At the start of the second three years of training when moving to the 80% NM phase of training, trainees will stop paying the membership fee to RCR (unless they choose to maintain membership) and will then pay two years of training fees to JRCPTB. 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 still be eligible to apply for the FRCR 2B examination after they stop paying membership to the RCR by special arrangement. 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.

- Membership of one of the Royal Colleges of Physicians is separate to the JRCPTB trainee fee and payment of membership fees is an individual choice which does not form part of any training requirement.

## Eportfolios

- There are two eportfolios which are to be used sequentially for the documentation of training and capabilities. During the first three years of 80% CR the RCR eportfolio 'Kaizen' will be used. During the final three years of 80% NM the JRCPTB NHS eportfolio will be used.
- Trainees and supervisors are required to record progression and acquisition of capabilities in both specialties for each year throughout training.
- While using Kaizen, trainees should select 'Nuclear Medicine dual CCT programme' when completing assessment forms.
- Trainees should upload a copy of the evidence and outcomes from the first three years of training recorded in the Kaizen eportfolio to the JRCPTB eportfolio document library at the time of transition from 80% CR to 80% NM.
- Both eportfolios will support the recording of evidence for both CR and NM, with workplace based assessments, the relative number of which should reflect the ratio of time spent in CR and NM during the phase of training.
- Separate structured educational supervisor reports will be required for CR and NM for each year which includes entrustment decisions for the capabilities in practice (CiPs).
- Trainees are responsible for ensuring CR and NM educational supervisors and clinical supervisors have access to the relevant eportfolio.
- NM and CR programme directors and ARCP panels will have access to both the RCR and JRCPTB eportfolios.

## Annual Review of Competency Progression (ARCP) process

- ARCP outcomes must be recorded for both specialties in every year of training. This is a GMC requirement for dual CCT.
- ARCPs assess evidence of the trainee's continued progress against the capabilities described in the two curricula.
- ARCP outcomes will be recorded for both CR and NM referencing the evidence reviewed.
- In the first three years the ARCPs will be conducted as part of the regional CR training process with NM input and representation on behalf of the national NM Training Programme Director (nNMTPD). Evidence of training progression will be considered alongside educational supervisor reports for both CR and NM.
- Following satisfactory completion of the first three 80% CR years, trainees will move onto their NM specific years of training. ARCPs will then be organised by the nNMTPD and HEE LASE with CR input and representation. Evidence of nuclear medicine and clinical radiology training progression will be considered alongside educational supervisor reports for both NM and CR.
- Trainees will need to meet the requirements set out in the [Nuclear Medicine ARCP decision aid](#) and [Clinical Radiology ARCP decision aid](#).

- Some assessments will apply equally to both specialties and can be considered by each of the two ARCPs – for instance multisource feedback and multidisciplinary team assessments can include feedback from both CR and NM colleagues.
- The final ARCP will need to confirm that the trainee has acquired procedural competencies to the appropriate level and is entrusted to act unsupervised (level 4) for all the NM and CR capabilities.

### **Transition of current trainees to the 2021 curriculum**

- The 2021 NM curriculum, ARCP decision aid and ‘Rough Guide’ to the curriculum are available on the [JRCPTB specialty page for Nuclear Medicine](#). The CR curriculum and associated guidance is available on the RCR [curriculum webpages](#) and includes transition guidance for CR. NM trainees/supervisors should familiarise themselves with the new curricula and supporting documents.
- Trainees currently in training at the time the new curricula are implemented (August 2021) will transfer to the new GMC mandated 2021 curricula for Nuclear Medicine and Clinical Radiology. The only exceptions are those in their final year of training (prorata’d for less than full time trainees).
- Trainees and their NM and CR educational supervisors should have discussions early in the training year to discuss and confirm the date of this transition. This should be formally recorded on the provided form and uploaded to the trainees eportfolio in use, and a copy sent to the nNMTPD before the end of September 2021.
- During this meeting the training needs to meet the requirements of both the new NM and CR curricula, assess any gaps and plan how these may be filled should be planned
- If additional training time is required which can’t be accommodated this may alter the CCT date. The CCT date must be the same for both specialties. CCT date decisions will be taken by the nNMTPD and supporting ARCP panel, usually at a penultimate (interim) ARCP.
- Trainees will not be required to re-link evidence recorded against the previous versions of the curricula.

### **Curriculum implementation resources**

[Nuclear Medicine webpage - 2021 curriculum, ARCP Decision Aid and guidance](#)

[Physician trainer resources](#)

[Clinical Radiology curriculum](#)

[Clinical Radiology curriculum implementation tools](#)

[Clinical Radiology ARCP Decision Aid](#)

### **Recommendation for CCT**

The JRCPTB will coordinate the recommendation for dual CCT and will liaise with the RCR to ensure the trainee has met the requirements for CCT in CR before submitting the recommendation to the GMC.

### **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 six 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.

02.09.21