

### ROLE OF COMMITTEE FOR JOINT COLLEGE TRAINING IN NUCLEAR MEDICINE

The Committee for Joint College Training (CJCT) in Nuclear Medicine consists of appointed and ex officio representatives from both the RACP and RANZCR and oversees the training of all nuclear medicine trainees in both RACP and RANZCR training pathways. Some of the responsibilities of the CJCT includes the monitoring and assessing of trainee progression, including admission to fellowship and reviewing the training program requirements, assessments and curriculum.

All Advanced Training programs include learning, teaching and assessment requirements, some of which are mandatory and some recommended to complete during Advanced Training. The Curriculum Review Group, which redesigned the draft curriculum and reports to the CJCT, acknowledges that acquisition of the requisite knowledge and competencies within each particular Learning Goal (Entrustable Professional Activities and Knowledge Guides) can be achieved in a variety of ways. While the minimum training requirements in the draft curriculum are intended to be feasible for all nuclear medicine trainees, there may be occasions when these are not possible for an individual trainee to complete. The CJCT has the discretionary power to consider prospective applications for special consideration where a particular requirement is not able to be met, and modify training requirements for individual trainees, as appropriate, in accordance with College policies and procedures.

### ENTRY CRITERIA

#### Summary of proposed changes

- No proposed changes

CURRENT REQUIREMENT	Prospective trainees must have:
	<p><b>RACP</b></p> <ul style="list-style-type: none"> <li>• completed RACP Basic Training, including Written and Clinical Examinations</li> <li>• a current medical registration</li> <li>• been appointed to an appropriate Advanced Training position</li> </ul> <p><b>Royal Australian and New Zealand College of Radiologists (RANZCR)</b></p> <ul style="list-style-type: none"> <li>• completed the RANZCR Clinical Radiology Part 2 Examinations</li> <li>• a current medical registration</li> <li>• an appointment to an appropriate Advanced Training position</li> <li>• a minimum 4 years of accredited radiology training</li> <li>• completed all system focused training and work-based assessment requirements including research (trainees must submit RANZCR certification confirming completion of this requirement)</li> </ul>

PROPOSED NEW REQUIREMENT	Prospective trainees must have:
	<p><b>General entry requirements</b></p> <ul style="list-style-type: none"> <li>• Current general medical registration with the Medical Board of Australia if applying in Australia, or a medical registration with a general scope of practice with the Medical Council of New Zealand and a practising certificate if applying in Aotearoa New Zealand.</li> <li>• An appointment to an Advanced Training position in an RACP-accredited training setting or network or an approved supplementary training position.</li> </ul> <p><b>RACP</b></p> <ul style="list-style-type: none"> <li>• Completed RACP Basic Training, including the Written and Clinical Examinations</li> </ul> <p><b>RANZCR</b></p> <ul style="list-style-type: none"> <li>• Completion of all Phase 2 requirements of the RANZCR Clinical radiology training program, including Phase 2 examinations and a minimum of 48 months full time equivalent (FTE) accredited training time</li> <li>• Completed all system focused training and work-based assessment requirements including research (trainees must submit RANZCR certification confirming completion of this requirement)</li> </ul>

*(Entry requirements for the Faculty of Radiation Oncology RANZCR trainees are under consideration)*

### PROFESSIONAL EXPERIENCE

#### Summary of proposed changes

- Update to Radionuclide Therapy training to allow for flexible options. More information on the proposed Radionuclide Therapy learning package can be found on page 5.

CURRENT REQUIREMENT	RACP trainees
	<p>36 months of certified training time consisting of:</p> <ul style="list-style-type: none"> <li>• 24 months minimum of core training</li> <li>• 12 months maximum of non-core training</li> </ul> <p><b>RANZCR trainees</b></p> <p>24 months of certified core training time</p> <p><b>All trainees</b></p> <ul style="list-style-type: none"> <li>• Paediatric training – 15 days minimum</li> <li>• Positron Emission Tomography (PET) training – 20 days minimum</li> <li>• Radionuclide Therapy training – 5 days minimum</li> </ul>

PROPOSED NEW REQUIREMENT	RACP trainees
	<p>Complete at least 36 months FTE of relevant professional experience in approved rotations, including:</p> <ul style="list-style-type: none"> <li>• minimum 24 months FTE in accredited nuclear medicine training positions</li> <li>• maximum 12 months FTE in approved supplementary training positions.</li> </ul> <p><b>RANZCR trainees</b></p> <ul style="list-style-type: none"> <li>• Complete at least 24 months FTE of relevant professional experience in approved rotations.</li> </ul> <p><b>All trainees</b></p> <ul style="list-style-type: none"> <li>• Paediatric training – 15 days FTE minimum</li> <li>• PET training – 20 days FTE minimum</li> <li>• Radionuclide Therapy learning package (<i>refer to the Radionuclide Therapy learning package on page 5</i>)</li> </ul>

### LOCATION OF TRAINING

#### Summary of proposed changes

- Increase to 24 months of training required to be undertaken in Australia and/or Aotearoa New Zealand

<b>CURRENT REQUIREMENT</b>	<ul style="list-style-type: none"> <li>• Train at a minimum of 2 training settings across core training. No more than 12 months can be spent at each setting.</li> <li>• 12 months minimum of Advanced Training in Nuclear Medicine must be undertaken in Australia and/or Aotearoa New Zealand</li> </ul>
<b>PROPOSED NEW REQUIREMENT</b>	<ul style="list-style-type: none"> <li>• Complete training in at least 2 different accredited training settings.</li> <li>• Complete at least 24 months of training in accredited training settings in Australia and/or Aotearoa New Zealand.</li> <li>• Non-accredited settings: training at non-accredited settings can only be undertaken for supplementary rotations.</li> </ul>

### LEARNING PROGRAM

#### Summary of proposed changes

- Learning Needs Analysis replaced with a Learning Plan which will be common across all Advanced Training programs

<b>CURRENT REQUIREMENT</b>	<ul style="list-style-type: none"> <li>▪ 2 x Learning needs analysis per training year (1 per 6-month rotation)</li> </ul>
<b>PROPOSED NEW REQUIREMENT</b>	<ul style="list-style-type: none"> <li>▪ 1 Learning plan per phase of training, at the start of each phase training <i>(Recommended: additional learning plans submitted for each new training period within a phase (e.g., if a trainee is planning to move to a different training position)).</i></li> </ul>

### LEARNING COURSES

#### Summary of proposed changes

- Adoption of new RACP learning courses that will be common and required across all Advanced Training programs, for RACP trainees only.
- Cross-sectional anatomy course removed and will be replaced with a CT anatomy course

<b>CURRENT REQUIREMENT</b>	<ul style="list-style-type: none"> <li>• Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence and Cultural Safety <a href="#">resource</a>, by the end of Advanced Training.</li> <li>• Cross-sectional anatomy course (RACP trainees only)</li> </ul>
<b>PROPOSED NEW REQUIREMENT</b>	<ul style="list-style-type: none"> <li>• <b>Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence and Cultural Safety <a href="#">resource</a></b>, by the end of Advanced Training. (RACP trainees only)</li> <li>• <b>RACP Orientation to Advanced Training</b> resource (within the first six months of Advanced Training) (RACP trainees only)</li> <li>• <b>RACP Health Policy, Systems and Advocacy</b> resource (recommended completion before the Transition to Fellowship phase) (RACP trainees only)</li> <li>• <b>RACP Supervisor Professional Development <a href="#">Program</a></b>, by the end of Advanced Training (RACP trainees only)</li> <li>• <b>CT anatomy course</b>, for example the Radiopaedia course (RACP trainees only)</li> </ul>

### TEACHING PROGRAM

#### Summary of proposed changes

- Introduction of Progress Review Panels

<b>CURRENT REQUIREMENT</b>	<ul style="list-style-type: none"> <li>• 1 x supervisor per rotation, who is a Fellow of the RACP or RANZCR in Nuclear Medicine</li> <li>• 1 x supervisor per rotation, who can be a Fellow of the RACP or RANZCR in Nuclear Medicine</li> </ul>
<b>PROPOSED NEW REQUIREMENT</b>	<ul style="list-style-type: none"> <li>• Name <b>2 individuals for the role of Education Supervisor</b> <ul style="list-style-type: none"> <li>○ Minimum of 1 supervisor per rotation, who is a Fellow of the RACP or RANZCR in Nuclear Medicine</li> </ul> <p><i>Recommended: wherever possible, trainees should maintain the same Education Supervisors throughout a phase of training.</i></p> </li> <li>• Nominate <b>1 x RACP training committee to act as a Progress Review Panel</b></li> <li>• Name <b>1 x individual for the role of Research Project Supervisor</b> (may or may not be the Education Supervisor).</li> </ul>

### ASSESSMENT PROGRAM

#### Summary of proposed changes

- Supervisor's report replaced by Progress reports
- Observation captures and Learning captures added as assessment tools.
- Removal of Radionuclide Therapy logbook
- Positron Emissions Tomography (PET) logbook not mandatory if trainee has not trained in an accredited setting that provides PET services

<b>CURRENT REQUIREMENT</b>	<p>1 logbook of cardiac cases (300 cases)</p> <p>1 logbook of PET (300 scans)</p> <p>1 Radionuclide Therapy Training logbook</p> <p>1 Paediatric case report</p> <p>1 Research project</p> <p>1 Supervisor's Report per rotation (2 x 12-month minimum — full-time and part-time trainees)</p> <p><b>AANMS Basic Sciences Course</b>, including written assessment</p> <p><b>AANMS Continuous Assessment Program</b>, including oral and written assessments per core year</p> <p><b>ANZBMS Bone Densitometry Course</b>, including exam (or logbook of 200 bone density scans)</p>
<b>PROPOSED NEW REQUIREMENT</b>	<p>1 logbook of cardiac cases (300 cases)</p> <p>1 logbook of PET (300 scans) <i>if trainee has not trained in an accredited setting that provides PET services</i></p> <p>1 Paediatric case report</p> <p>12 Observation captures per year</p> <p>12 Learning captures per year</p> <p>4 Progress reports per year</p> <p>1 Research project</p> <p><b>AANMS Basic Sciences Course</b>, including written assessment</p> <p><b>AANMS Continuous Assessment Program</b>, including 1 essay and 1 oral assessment task per accredited 12-month FTE training period</p> <p><b>ANZBMS Bone Densitometry Course</b>, including exam (or logbook of 200 bone density scans)</p>

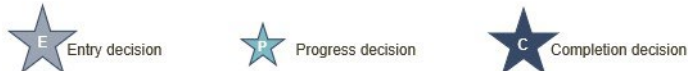
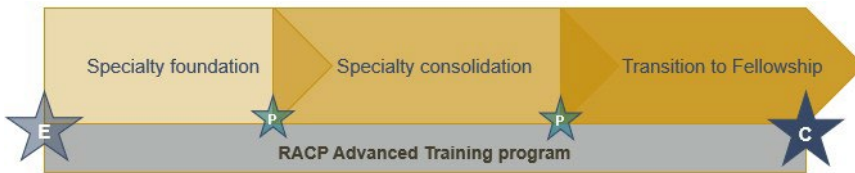
### RECOMMENDED LEARNING ACTIVITIES

#### Summary of proposed changes

- Recommended courses to be completed during Advanced Training if not completed during Basic Training.
- Theranostics training course added as part of the Radionuclide Therapy learning package. More information on the proposed Radionuclide Therapy learning package can be found on page 5

<b>RECOMMENDED LEARNING ACTIVITIES</b>	<ul style="list-style-type: none"> <li>• RACP <b>Communication skills</b> resource* (recommended completion before the specialty consolidation phase.)</li> <li>• RACP <b>Ethics and Professional Behaviour</b> resource* (recommended completion before the specialty consolidation phase.)</li> <li>• RACP <b>Leadership, Management, and Teamwork</b> resource* (recommended completion before the specialty consolidation phase.)</li> <li>• Theranostics training course (<i>refer to the Radionuclide Therapy learning package on page 5</i>)</li> </ul> <p>*Required in the new Basic Training programs.</p>
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### LTA STRUCTURE



- A learning, teaching and assessment (LTA) structure defines the framework for delivery and trainee achievement of the curriculum standards
- Advanced Training is structured in three phases that establish checkpoints for progression and completion.

### PROGRESS POINTS

- An **entry decision** is made before entry into the program.
- **Progress decisions**, based on competence, are made at the end of the specialty foundation and specialty consolidation phases of training.
- A **completion decision**, based on competence, is made at the end of the training program, resulting in eligibility for admission to Fellowship.

### RATING SCALES

Levels	1	2	3	4	5
<b>Entrustable Professional Activities (EPAs)</b>	Is able to be present and observe	Is able to act with direct supervision	Is able to act with indirect supervision (e.g. supervisor is physically located within the training setting)	Is able to act with supervision at a distance (e.g. supervisor available to assist via phone)	Is able to provide supervision
<b>Knowledge guides</b>	Has heard of some of the topics in this knowledge guide that underpin patient care ( <i>heard of</i> )	<b>Knows</b> the topics and concepts in this knowledge guide that underpin patient care ( <i>knows</i> )	<b>Knows</b> how to apply the knowledge in this knowledge guide to patient care ( <i>knows how</i> )	<b>Frequently shows</b> they can apply knowledge in this knowledge guide to patient care ( <i>shows how</i> )	<b>Consistently applies</b> sound knowledge in this knowledge guide to patient care ( <i>does</i> )
<b>Professional Behaviours (competencies)</b>	Needs to work on behaviour in <b>more than 5 domains</b> of professional practice	Needs to work on behaviour in <b>4 or 5 domains</b> of professional practice	Needs to work on behaviour in <b>2 or 3 domains</b> of professional practice	Needs to work on behaviour in <b>1 or 2 domains</b> of professional practice	Consistently behaves in line with <b>all 10 domains</b> of professional practice

### PROGRESSION CRITERIA

		Progression criteria		Completion criteria
Learning goals		End of specialty foundation	End of specialty consolidation	End of Transition to Fellowship
<b>Be</b>	<b>1. Professional behaviours</b>	Level 5	Level 5	Level 5
	<b>2. Leadership in the nuclear medicine department:</b> Lead a team of health professionals in the nuclear medicine context, encompassing inpatients, outpatients and multidisciplinary	Level 2	Level 3	Level 5
<b>Do (work tasks)</b>	<b>3. Supervision and teaching:</b> Supervise and teach professional colleagues	Level 2	Level 3	Level 5
	<b>4. Quality improvement:</b> Identify and address failures in health care delivery	Level 2	Level 3	Level 5
	<b>5. Clinical assessment and management, including prescribing radioisotopes:</b> Clinically assess and manage the ongoing care of patients, including prescribing radioisotopes	Level 2	Level 3	Level 5
	<b>6. Longitudinal care of patients, including those receiving Theranostics and transitions in care:</b> Manage and coordinate the longitudinal care and transitions in care of nuclear medicine patients, including those receiving Theranostics	Level 2	Level 3	Level 5
	<b>7. Communication:</b> Communication to optimize the care of nuclear medicine patients	Level 2	Level 3	Level 5
	<b>8. Investigations and procedures:</b> Plan, prepare for, perform, and provide aftercare for important investigations and practical procedures in nuclear medicine	Level 2	Level 3	Level 5
	<b>9. Scientific basis of nuclear medicine, including radiation safety</b>	Level 2	Level 3	Level 5
	<b>10. Cardiovascular nuclear medicine</b>	Level 2	Level 3	Level 5
	<b>11. Endocrine nuclear medicine</b>	Level 2	Level 3	Level 5
	<b>12. Gastrointestinal nuclear medicine</b>	Level 2	Level 3	Level 5
<b>Know (Knowledge Guides)</b>	<b>13. Genitourinary nuclear medicine</b>	Level 2	Level 3	Level 5
	<b>14. Musculoskeletal nuclear medicine</b>	Level 2	Level 3	Level 5
	<b>15. Neurological nuclear medicine</b>	Level 2	Level 3	Level 5
	<b>16. Oncological nuclear medicine</b>	Level 2	Level 3	Level 5
	<b>17. Pulmonary nuclear medicine</b>	Level 2	Level 3	Level 5
	<b>18. Inflammation and infection</b>	Level 2	Level 3	Level 5
	<b>19. Radionuclide Therapies/Theranostics</b>	Level 2	Level 3	Level 4



## RADIONUCLIDE THERAPY TRAINING PACKAGE

### Summary of proposed changes

Flexible option for trainees to meet learning requirements in line with the Nuclear Medicine Learning Goals (Knowledge Guide 11: Radionuclide Therapy/Theranostics)

## RADIONUCLIDE THERAPIES/THERANOSTICS

- **5** days on-site experience in a service that delivers radionuclide therapy/Theranostics beyond radioactive iodine

**AND**

- Attend at least **2** multidisciplinary meetings which discuss the delivery of high dose radionuclide therapy/Theranostics

**AND**

### One of the following:

- 1) Completion of the Theranostics training course
- 2) **5** additional days on-site experience in a service that delivers radionuclide therapy/Theranostics beyond radioactive iodine *[at discretion of involved training settings]*
- 3) **10** (total) multidisciplinary meetings which discuss the delivery of high dose radionuclide therapy/Theranostics