

Clinical Radiology

Curriculum 2021



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The Royal College of Radiologists

Implementation guidance for deaneries and ARCP panels

When should trainees transfer to the 2021 curricula?

All clinical and interventional radiology trainees will need to transfer to the new curriculum, unless they are due to CCT before 1st September 2022. Current trainees should transfer to the new curriculum following their 2020/21 ARCP, ideally by August 2021. There is flexibility for those who may have late ARCPs (for example in September or October), however in most cases trainees would be expected to begin working to the new curriculum by August 2021.

Clinical radiology trainees in ST5 and interventional radiology trainees in ST6 will not be required to transfer to the new curriculum, provided that they are due to CCT before 1st September 2022.

How should trainees be assessed for their 2020/21 ARCP?

All trainees should be assessed against the requirements of the 2016 curricula at their 2020/21 ARCP. Following this, all trainees (except those due to CCT before 1st September 2022) should transfer to the new curriculum.

We recommend that the transition to the new curriculum should be discussed with trainees as part of the 2020/21 ARCP process.

How should trainees be assessed for the 2021/22 ARCP?

Trainees due to CCT before 1st September 2022 will be assessed against the 2016 curriculum at their 2021/22 ARCP (they are not required to transfer to the new curricula). All other trainees should be assessed against the 2021 curriculum.

There is flexibility for those who are due to CCT in 2022 but may have late ARCPs (for example in September or October), however in most cases trainees due to CCT after 1st September 2022 would be expected to be assessed against the new curriculum at their 2021/22 ARCP.

Are there any changes to assessment?

The 2021 curricula are structured around high level outcomes known as capabilities in practice (CiP), which are assessed using a 4 point entrustment scale. Progression grids outline the minimum level expected in each CiP. The curricula provide tables of procedures and milestones that are assessed using the same 4 point scale, with similar progression grids detailing expected progress.

The educational supervisor's structured report will be adapted to allow recording of a trainee's progress in each CiP, procedure, and milestone and these should all be considered as part of progression decisions made at ARCP. Further information on [using entrustment scales for assessment](#) can be found on the [curriculum web page](#).



There will be no new workplace based assessments and there have been no changes to the FRCR examinations. The use and structure of these assessments is well established and they can easily be applied to the new curriculum. There are minor changes to the structure of some of the forms used to record workplace based assessments in the e-portfolio, with free text replacing the tick boxes.

How should trainees be assessed at the critical progression point at ST3?

There are two critical progression points in clinical radiology training, at ST3 and at completion of training.

A critical progression point is a point in a curriculum where a learner transitions to higher levels of professional responsibility or enters a new or specialist area of practice, including successful completion of training. These transitions are often associated with an increase in potential risk to patients or those in training, so they need to be carefully managed and decisions to progress need to be based on robust evidence of satisfactory performance.

The critical progression point at ST3 marks the transition to special interest training or IR subspecialty training. To progress at this stage, it is important that trainees have the appropriate general radiology knowledge and capabilities to support the development of specialist skills, while maintaining and further developing their general radiology capabilities. To support this, trainees will normally be expected to complete the FRCR 2A examination by the end of ST3.

There may be a small number of trainees who are performing very well and in whom their supervisors have every confidence, but who have not yet (for a variety of reasons unrelated to their competence) passed the FRCR 2A examination. In such cases the ARCP panel may choose to allow the trainee to progress to ST4 and should ensure that individualised, supportive plans for this transition are in place.

Equally, there may be trainees who have passed FRCR 2A by the end of ST3, but in the opinion of their supervisors have not achieved the other necessary outcomes and milestones to the required level. Passing FRCR 2A alone is not sufficient to begin special interest or IR subspecialty training and in these cases the ARCP panel may determine that the trainee should not progress, or should only do so with enhanced supervision.

Professional judgement and consideration of the trainee's e-portfolio as a whole should be used to govern these decisions.

What support is available for deaneries and ARCP panels?

The RCR curriculum web page provides a range of tools for implementation, including videos, training slides, an implementation checklist, and guidance on using entrustable professional activities to assess progress.

ARCP decision aids for [clinical radiology](#) and [interventional radiology](#) are available on the [curriculum web page](#).

You can also [contact the curriculum team](#) with any questions.

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Where can we find the ARCP decision aids?

The ARCP decision aids can be found under assessment on the [RCR curriculum web page](#). They are no longer contained within the curriculum documents themselves.

The decision aids are intended to provide guidance on the domains to be reviewed and indicative minimum expectations for progress, however ARCP panels should consider the trainee's e-portfolio as a whole and recognise that trainees may provide a range of evidence that they have met the CiPs that may not be listed on the decision aids.

The decision aids should be used alongside the progression grids detailing the expected level of progress for the capabilities in practice (CiPs), procedures, and milestones at each stage of training.