New curricula

Learning, teaching, and assessment programs

Advanced Training in Nuclear Medicine

RACP
Specialists. Together

About this document

The new Advanced Training in Nuclear Medicine curriculum consists of curriculum standards and learning, teaching, and assessment (LTA) programs.

This document outlines the Advanced Training in Nuclear Medicine LTA programs for trainees and supervisors. It should be used in conjunction with the Advanced Training in Nuclear Medicine curriculum standards.

Contents

Program overview **4**
About the program **5**
Purpose of Advanced Training 5
Overview of specialty 5
Supervising committee 6
Qualification 6
Learning goals and progression criteria **7**
Learning, teaching, and assessment structure 7
Entry criteria 8
Progression criteria 8
Learning goals 9
Developmental & psychosocial training 13
Learning, teaching, and assessment requirements **17**
Overview 17
Entry 19
Training application 19
Learning 20
Professional experience 20
Rotation plan 21
Radionuclide therapy/theranostics learning package 22
Bone densitometry training 23
Paediatric case report 23
Logbook 24
Courses 25
Recommended resources 28
Teaching 29
Supervision 29
Assessment 30
Assessment blueprint 30
Learning capture 32
Observation capture 32

Progress report 33
Research project 33
AANMS Basic Sciences Course 34
AANMS Continuous Assessment Program 35
Roles and responsibilities 37
Advanced Trainee 37
Rotation supervisor 37
Assessor 38
Progress Review Panel 38
RACP oversight committees 39
Resources 40
For trainees 40
For supervisors 40

Program overview

CURRICULUM STANDARDS

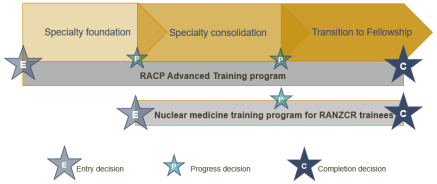
The curriculum standards are summarised as 19 learning goals. The learning goals articulate what trainees need to be, do and know, and are assessed throughout training.

BE	1. Professional behaviours
DO	2. Leadership in the nuclear medicine department 3. Supervision and teaching 4. Quality improvement 5. Clinical assessment and management, including prescribing radioisotopes 6. Longitudinal care of patients, including those receiving Theranostics and transitions in care 7. Communication 8. Investigations and procedures
KNOW	9. Scientific basis of nuclear medicine, including radiation safety 10. Cardiovascular nuclear medicine 11. Endocrine nuclear medicine 12. Gastrointestinal nuclear medicine 13. Genitourinary nuclear medicine 14. Musculoskeletal nuclear medicine 15. Neurological nuclear medicine 16. Oncological nuclear medicine 17. Pulmonary nuclear medicine 18. Inflammation and infection 19. Radionuclide therapies / Theranostics

LTA STRUCTURE

The learning, teaching, and assessment (LTA) structure defines the framework for delivery and trainee achievement of the curriculum standards in the program.

The program is structured in three phases to establish clear checkpoints for trainee progression and completion.



Entry criteria

Prospective trainees must have:

General entry requirements

- 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.
- An appointment to an Advanced Training position in an RACP-accredited training setting or network or an approved non-core training position.

RACP

- Completed RACP Basic Training, including the Written and Clinical Examinations

RANZCR

- Completed 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
- Completed all system focused training and work-based assessment requirements including research (trainees must submit RANZCR certification confirming completion of this requirement)

LTA PROGRAMS

The LTA programs outline the strategies and methods to learn, teach, and assess the curriculum standards.

Entry

1 training application

Learning

Minimum 36 months FTE (24 months FTE RANZCR trainees) professional experience

Developmental & psychosocial training

1 rotation plan per rotation

Radionuclide therapy/theranostics learning package

Bone densitometry training - course or logbook

1 paediatric case report

1 logbook

RACP Advanced Training Orientation resource

RACP Supervisor Professional Development Program

RACP Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence and Cultural Safety resource

RACP Health Policy, Systems and Advocacy resource

CT anatomy course (RACP trainees only)

Teaching

2 supervisors per rotation

1 research project supervisor

Assessment

12 learning captures per phase

12 observation captures per phase (reduced to 4 for 2026 only)

4 progress reports per phase

1 research project*

AANMS Basic Sciences Course

AANMS Continuous Assessment Program

* Required for RANZCR trainees if their RANZCR project doesn't meet the Advanced Training Research Project requirements.

About the program

Purpose of Advanced Training

The RACP offers Advanced Training in 33 diverse medical specialties as part of Division, Chapter, or Faculty training programs.

The purpose of Advanced Training is to develop a workforce of physicians who:

- have received breadth and depth of focused specialist training, and experience with a wide variety of health problems and contexts
- are prepared for and committed to independent expert practice, lifelong learning, and continuous improvement
- provide safe, quality health care that meets the needs of the communities of Australia and Aotearoa New Zealand.

Overview of specialty

Nuclear medicine specialists have expertise in the study and application of nuclear properties and molecular tracers in prevention, detection, diagnosis, management, and treatment of diseases and disorders.

Nuclear medicine determines the cause of the medical problem based on the function of the organ, tissue, or bone. This is how nuclear medicine differs from anatomically based methods of determining the presence of disease based primarily on structural appearance.

Nuclear medicine specialists address the **health care needs of the community** through:

- **diagnosis, management, and treatment** of serious diseases and disorders.
- **investigation and imaging**, which provides detailed physiological and molecular information to help detect and diagnose the presence and severity of cancers and many other conditions in most organs and tissues in the body (for example the heart, brain, lungs, bones, liver, kidneys, thyroid, and skeleton).
- **non-invasive tools to monitor and predict** responses to therapy, and to help characterise diseases based on their molecular imaging appearances.
- **training to select the most appropriate examination and treatment** for the patient's particular medical problem, thereby avoiding unnecessary cost, inconvenience, and radiation exposure.

Nuclear medicine specialists possess **unique clinical attributes**, such as:

- **broad clinical science knowledge**, including anatomy, chemistry, radiation biology and safety, radiopharmacy, normal physiology and pathophysiology of disease, and nuclear physics.
- **high level skills in the technical processes and routine procedures** undertaken in the specialty, including bone densitometry, PET, planar and SPECT gamma imaging, and radionuclide therapy.

- **clinical judgement skills** that focus on the clinical setting and the pathophysiological processes involved in each case.
- **monitoring quality and adherence** to regulatory standards of radionuclide preparation, administration, and disposal, and advising other clinicians of the clinical assessments, indications, limitations, and risks of diagnostic and therapeutic applications of radioactive materials and molecular ligands.

Nuclear medicine specialists have **distinctive professional skills**, including**:**

- **research skills** to support ongoing evidence-based practice in the specialty, with well-developed educational skills to support a teaching role in areas related to the specialty, especially with medical students, junior staff, nursing and allied health professionals, and members of the public.
- **high level communication skills**, especially in the explanation and reporting of procedures and studies employed in the specialty, and in the discussion of scientifically complex molecular treatments. Graduates of the program will be able to use these skills with referring doctors, other health professionals, and with patients and their families or carers.
- **quality assurance skills** to enable the implementation and ongoing evaluation of nuclear medicine practice to a high technical and professional standard.
- **organisational skills** to support independent practice in nuclear medicine, as well as contributions to and leadership of hospital teams.
- **working as an integral member of multidisciplinary teams.** Nuclear medicine physicians and specialists work collaboratively with other health professionals to make balanced and objective clinical decisions, and ensure each patient receives the best available treatment and management.

Supervising committee

The program is supervised by the Training Program Committee (TPC) in Nuclear Medicine.

Qualification

RACP trainees

RACP trainees who successfully meet the completion standards and criteria of this program will be awarded Fellowship of the Royal Australasian College of Physicians (FRACP).

RANZCR trainees

RANZCR trainees cannot qualify for RACP Fellowship. Trainees will receive a letter confirming their completion of the Nuclear Medicine Advanced Training program.

Learning goals and progression criteria

Learning, teaching, and assessment structure

The learning, teaching and assessment structure defines the framework for delivery and trainee achievement of the curriculum standards in the Advanced Training program.

Advanced Training is structured in three phases. These phases will establish clear checkpoints for trainee progression and completion.

1	**Specialty foundation**	• Orient trainees and confirm their readiness to progress in the Advanced Training program.
2	**Specialty consolidation**	• Continue trainees' professional development in the specialty and support progress towards the learning goals.
3	**Transition to Fellowship**	• Confirm trainees' achievement of the curriculum standards, completion of Advanced Training, and admission to Fellowship. • Support trainees' transition to unsupervised practice.

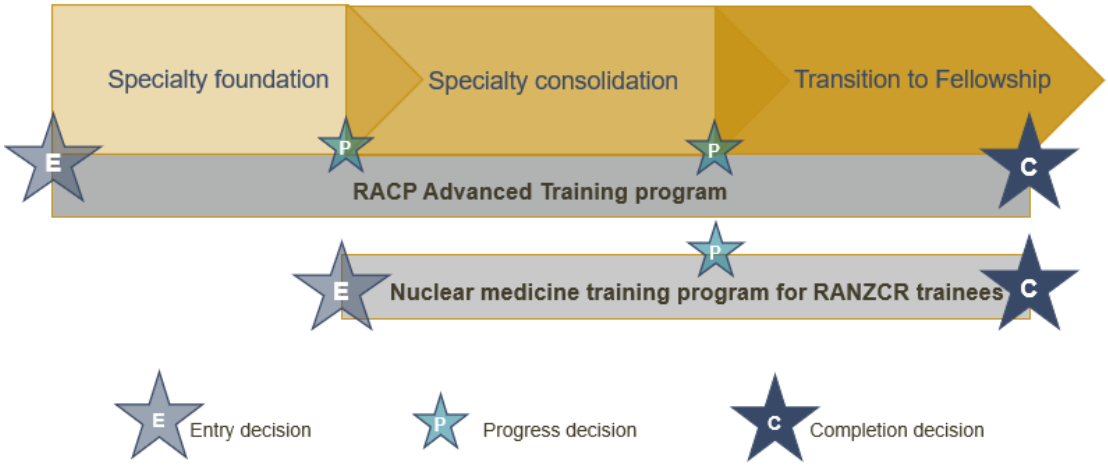


Figure: RANZCR pathway trainees enter training at the beginning of the specialty consolidation phase, the second phase is the completion phase (named Transition to Fellowship phase for RACP pathway trainees).

- 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.



Advanced Training is a **hybrid time- and competency-based training program**. There is a minimum time requirement of full-time equivalent experience, and progression and completion decisions are based on evidence of trainees' competence.

Entry criteria

Entry attributes

Prospective trainees can demonstrate:

- a commitment and capability to pursue a career as a nuclear medicine specialist
- the ability and willingness to achieve the common learning goals for Advanced Training:
    - team leadership
    - supervision and teaching
    - the professional behaviours, as outlined in the Competencies

Entry criteria

Prospective trainees must have:

General entry requirements

- 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.
- An appointment to an Advanced Training position in an RACP-accredited training setting or network or an approved non-core training position.

RACP

- Completed RACP Basic Training, including the Written and Clinical Examinations

RANZCR

- Completed 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. Trainees should submit evidence of RANZCR Fellowship or a letter of good standing from RANZCR confirming that you have completed these requirements.
- Completed all system focused training and work-based assessment requirements including research (trainees must submit RANZCR certification confirming completion of this requirement)

Progression criteria

To progress to the next phase or to complete the program, trainees must demonstrate:

- the ability to plan and manage their learning and to complete their learning and assessment requirements in a timely manner
- achievement of the learning goals to the levels outlined in the learning goal progression criteria.

Training committees or delegated progress review panels will consider evidence supporting trainees' achievement of the progression criteria and make progress decisions.

If criteria have not been met, committees or panels may decide to place conditions on trainees' progression to the next phase of training or not to progress trainees until all criteria have been achieved.

Learning goals

The curriculum standards are summarised as **19** learning goals.

The learning goals articulate what trainees need to be, do, and know, and are assessed throughout training on a five-point scale. This scale determines the expected standard for each learning goal at the end of each training phase. Trainees must meet these standards to progress to the next phase or complete the program.

Learning and assessment tools are linked to the learning goals which allows trainees to demonstrate competence across each learning goal.

Levels	1	2	3	4	5
Be: Competencies (professional behaviours)	Needs to work on behaviour in **more than five domains** of professional practice	Needs to work on behaviour in **four or five domains** of professional practice	Needs to work on behaviour in **two or three domains** of professional practice	Needs to work on behaviour in **one domain** of professional practice	**Consistently** behaves in line with all 10 domains of professional practice
Do: Entrustable Professional Activities (EPAs)	Is able to **be present and observe**	Is able to **act with direct supervision**	Is able to **act with indirect supervision** (i.e., ready access to a supervisor)	Is able to **act with supervision at a distance** (i.e., limited access to a supervisor)	Is able to supervise others
Know: Knowledge guides	Has **heard of** some of the topics in this knowledge guide	**Knows the topics and concepts** in this knowledge guide	**Knows how to apply** this knowledge to practice	**Frequently shows they apply** this knowledge to practice	**Consistently** demonstrates application of this knowledge to practice

		Entry criteria	Progression criteria		Completion criteria
		Entry into training *At entry into training, trainees will:*	Specialty foundation *By the end of this phase, trainees will:*	Specialty consolidation RANZCR trainees first phase of training *By the end of this phase, trainees will:*	Transition to fellowship (RACP trainees) Completion phase (RANZCR trainees *By the end of training, trainees will:*
Be	**1. Professional behaviours**	**Level 5** consistently behave in line with all ten domains of professional practice	**Level 5** consistently behave in line with all ten domains of professional practice	**Level 5** consistently behave in line with all ten domains of professional practice	**Level 5** consistently behave in line with all ten domains of professional practice
Do	**2. Leadership in the nuclear medicine department:** Lead a team of health and clerical professionals in the nuclear medicine context, encompassing inpatients, outpatients and multidisciplinary	**Level 1** be able to be present and observe	**Level 2** be able to act with direct supervision	**Level 3** be able to act with indirect supervision	**Level 5** be able to supervise others
	3. Supervision and teaching: Supervise and teach professional colleagues	**Level 1** be able to be present and observe	**Level 2** be able to act with direct supervision	**Level 3** be able to act with indirect supervision	**Level 5** be able to supervise others
	4. Quality improvement: Identify and address failures in health care delivery	**Level 1** be able to be present and observe	**Level 2** be able to act with direct supervision	**Level 3** be able to act with indirect supervision	**Level 5** be able to supervise others
	5. Clinical assessment and management, including prescribing radioisotopes: Clinically assess and manage the ongoing care of patients, including prescribing radioisotopes	**Level 1** be able to be present and observe	**Level 2** be able to act with direct supervision	**Level 3** be able to act with indirect supervision	**Level 5** be able to supervise others
	6. Longitudinal care of patients, including those receiving Theranostics and transitions in care: Manage and coordinate the longitudinal care and transitions in care of nuclear medicine patients, including those receiving Theranostics	**Level 1** be able to be present and observe	**Level 2** be able to act with direct supervision	**Level 3** be able to act with indirect supervision	**Level 5** be able to supervise others
	7. Communication: Communication to optimise the care of nuclear medicine patients	**Level 1** be able to be present and observe	**Level 2** be able to act with direct supervision	**Level 3** be able to act with indirect supervision	**Level 5** be able to supervise others
	8. Investigations and procedures: Plan, prepare for, perform, and provide aftercare for important investigations and practical procedures in nuclear medicine	**Level 1** be able to be present and observe	**Level 2** be able to act with direct supervision	**Level 3** be able to act with indirect supervision	**Level 5** be able to supervise others

		Entry criteria	Progression criteria		Completion criteria
		Entry into training *At entry into training, trainees will:*	Specialty foundation *By the end of this phase, trainees will:*	Specialty consolidation RANZCR trainees first phase of training *By the end of this phase, trainees will:*	Transition to fellowship (RACP trainees) Completion phase (RANZCR trainees *By the end of training, trainees will:*
Know	**9. Scientific basis of nuclear medicine, including radiation safety**	**Level 1** have heard of some of the topics in this knowledge guide	**Level 2** know the topics and concepts in this knowledge guide	**Level 3** know how to apply this knowledge to practice	**Level 5** consistently demonstrate application of this knowledge to practice
	10. Cardiovascular nuclear medicine	**Level 1** have heard of some of the topics in this knowledge guide	**Level 2** know the topics and concepts in this knowledge guide	**Level 3** know how to apply this knowledge to practice	**Level 5** consistently demonstrate application of this knowledge to practice
	11. Endocrine nuclear medicine	**Level 1** have heard of some of the topics in this knowledge guide	**Level 2** know the topics and concepts in this knowledge guide	**Level 3** know how to apply this knowledge to practice	**Level 5** consistently demonstrate application of this knowledge to practice
	12. Gastrointestinal nuclear medicine	**Level 1** have heard of some of the topics in this knowledge guide	**Level 2** know the topics and concepts in this knowledge guide	**Level 3** know how to apply this knowledge to practice	**Level 5** consistently demonstrate application of this knowledge to practice
	13. Genitourinary nuclear medicine	**Level 1** have heard of some of the topics in this knowledge guide	**Level 2** know the topics and concepts in this knowledge guide	**Level 3** know how to apply this knowledge to practice	**Level 5** consistently demonstrate application of this knowledge to practice
	14. Musculoskeletal nuclear medicine	**Level 1** have heard of some of the topics in this knowledge guide	**Level 2** know the topics and concepts in this knowledge guide	**Level 3** know how to apply this knowledge to practice	**Level 5** consistently demonstrate application of this knowledge to practice
	15. Neurological nuclear medicine	**Level 1** have heard of some of the topics in this knowledge guide	**Level 2** know the topics and concepts in this knowledge guide	**Level 3** know how to apply this knowledge to practice	**Level 5** consistently demonstrate application of this knowledge to practice
	16. Oncological nuclear medicine	**Level 1** have heard of some of the topics in this knowledge guide	**Level 2** know the topics and concepts in this knowledge guide	**Level 3** know how to apply this knowledge to practice	**Level 5** consistently demonstrate application of this knowledge to practice
	17. Pulmonary nuclear medicine	**Level 1** have heard of some of the topics in this knowledge guide	**Level 2** know the topics and concepts in this knowledge guide	**Level 3** know how to apply this knowledge to practice	**Level 5** consistently demonstrate application of this knowledge to practice

		Entry criteria	Progression criteria		Completion criteria
		Entry into training *At entry into training, trainees will:*	Specialty foundation *By the end of this phase, trainees will:*	Specialty consolidation RANZCR trainees first phase of training *By the end of this phase, trainees will:*	Transition to fellowship (RACP trainees) Completion phase (RANZCR trainees *By the end of training, trainees will:*
	18. Inflammation and infection	**Level 1** have heard of some of the topics in this knowledge guide	**Level 2** know the topics and concepts in this knowledge guide	**Level 3** know how to apply this knowledge to practice	**Level 5** consistently demonstrate application of this knowledge to practice
	19. Radionuclide therapies / Theranostics	**Level 1** have heard of some of the topics in this knowledge guide	**Level 2** know the topics and concepts in this knowledge guide	**Level 3** know how to apply this knowledge to practice	**Level 4** frequently shows they apply this knowledge to practice

Developmental & psychosocial training

Purpose

Developmental and Psychosocial (D&P) Training assists trainees to develop a sophisticated understanding of child development, encompassing physical, cognitive, emotional, behavioural and social areas, which should be gained from the perspective of the child within the family and in the context of the community.

A mandatory period of D&P Training for all paediatricians was introduced to ensure that the changing nature of paediatric practice is reflected in the training programs. D&P is a requirement for all paediatric trainees to receive FRACP and may be completed during either Basic or Advanced Training.

Review of D&P

The College is working to redefine how D&P training will be embedded in the new training programs. This will include defining learning goals, and new options for trainees to achieve these learning goals, which will be embedded into the Basic and Advanced Training programs.

Alternative options for completing D&P training and a timeline for implementation will be communicated when available. New D&P requirements will be developed, and any updates will be included in the relevant curricula standards and learning, teaching and assessment programs. Trainees and supervisors will be informed of updates with sufficient notice of any changes to ensure no disadvantage.

Until alternatives are available, **it is important that trainees plan to complete the requirement for D&P training through one of the time-based options currently available, to ensure eligibility for admission to Fellowship on completion of the requirements of Advanced Training.** Trainees must satisfactorily complete this requirement to be eligible for admission to Fellowship under the Paediatrics & Child Health Division.

Aotearoa New Zealand

Requirement
The Developmental and Psychosocial (D&P) requirement can be met by completing a 3 month full-time equivalent rotation in relevant specialties or by documenting the management of suitable cases in a logbook.
Options available
Option A: 3 month FTE rotation The specialties listed below outline the suitable rotations to meet this requirement. • Adolescent medicine • Child protection and adolescent psychiatry • Community paediatrics • Developmental/behavioural paediatrics • Disability/rehabilitation paediatrics

Rotations not suitable for D&P Training:

- Paediatric gastroenterology*
- Paediatric neurology**

* Exceptions may be possible if rotation is specifically designed to have a D&P Training focus. However, this would be unlikely in Basic Training and would require specific prospective approval.

** Rotation usually not possible unless there is significant developmental focus. Not possible at SHO level.

These areas reflect a holistic approach to the health problems of children and young people. An understanding of the roles and inter-relationships of many allied health and community-based services, in a way that distinguishes them from experience in organ-based specialties, is required.

Option B: documentation of suitable cases in a logbook

Alternatively, trainees can gain the required training by managing suitable cases over a longer period with appropriate supervision. All training must be documented in a logbook.

Trainees must keep a record of at least 12 cases they have personally managed under supervision.

Logbook entries must cover a range of conditions:

- developmental problems, with a focus on the response of parents, families and caregivers to the diagnosis and ongoing care of the child with special needs.
- pervasive developmental disorders.
- general learning disability — the behaviour problems that arise secondary to this condition.
- chronic illness — behavioural and psychological problems resulting from chronic illness, and parent and family difficulties resulting from chronic conditions, such as diabetes, epilepsy, chronic arthritis, chronic respiratory disease, physical disability and childhood cancer.
- common behavioural paediatric problems such as enuresis, encopresis, sleep disturbance, eating difficulties, attention deficit and hyperactivity disorder, conduct disorder, anxiety, depression, and pre-school behavioural adjustment disorders.

Trainees are to provide a summary of the issues involved in each case and how they were managed. Copies of clinical letters are not appropriate.

Cases will generally accumulate over a 2-year period and each case record must be signed by the supervisor.

Resources

Psychosocial Logbook example text (PDF)
Psychosocial Logbook template (XLS)

Australia

Requirement

Developmental & psychosocial (D&P) training is currently a time-based requirement consisting of a minimum of six months full-time equivalent (FTE) in one or more of the following areas:

- Developmental/behavioural paediatrics
- Community paediatrics
- Disability/rehabilitation paediatrics
- Child and adolescent psychiatry
- Child protection
- Palliative medicine

These areas reflect a holistic approach to the health problems of children and young people. An understanding of the roles and inter-relationships of many allied health and community-based services, in a way that distinguishes them from experience in organ-based specialties, is required.

Options available

Approved training options

- **Option A: A prospectively-approved psychosocial training position (6 months full-time equivalent).** This can be completed as:
  - 2 x 3-month terms, or
  - 1 x 6-month block, or
  - a continuous part-time position, such as 2.5 days a week for 12 months (A conglomerate of experience for shorter time periods adding up to 6 months will not be accepted.)

- **Option B: A prospectively approved rural position (6 months full-time equivalent).** Complete the 6 months of training comprised of a documented weekly program in the psychosocial training areas with an appropriate level of supervision.

- **Option C: Attendance at a prospectively-approved clinic AND completion of an approved learning module.** The D&P training requirement can be completed in one of these formats:
  - 2 x sessions a week for 18 months, or
  - 1 x session a week for 3 years

  An approved clinic is determined to be a clinic where other health and/or educational professionals are involved, and supervision is directed by a paediatrician who is experienced in one or multiple areas of D&P Training, such as behaviour, development, rehabilitation and child protection.

  The approved learning module may be **one** of the following:
  - Evidence of attendance at a lecture series at a recognised institution, related to the D&P Training areas; or
  - 3 x referenced case reports/essays demonstrating comprehensive understanding of 3 different issues in the areas of psychosocial training – for example rehabilitation or community paediatrics (1500 to 2000 words each); or
  - Completion of the Griffith Mental Developmental Scales course.

  Other prospectively approved modules may be considered.

Aotearoa New Zealand and Australia

How to complete it

Trainees must provide details of how they completed the Developmental & Psychosocial (D&P) training requirement by submitting information via TMP as a Learning theme.

To do this, trainees must:

1. Nominate the corresponding requirement option that was completed
2. Provide relevant supporting details. This may include:
    - referencing the rotation plan if the training was completed as part of an applicable subspecialty term.
    - describing the approved rural or clinic-based setting.
    - listing the approved learning module undertaken and associated evidence (e.g. attendance records, case reports).
    - upload completed documentation as required.

How to apply

Contact NuclearMedicine@racp.edu.au to apply for approval of D&P Training.

Resources

Developmental and Psychosocial Training Supervisor's Report form (DOC)

Learning, teaching, and assessment requirements

Overview

Requirements over the course of training

What do trainees need to do?	When do trainees need to do it?
Entry	
1 training application	At the start of the specialty foundation phase. Due 28 February if starting at the beginning of the year and 31 August if starting mid-year.
Learning	
Minimum 36 months full time equivalent (FTE) / (24 months FTE - RANZCR pathway) professional experience	Minimum 12 months FTE during each phase.
Developmental and psychosocial training	Before the end of Advanced Training, if not completed during Basic Training Requirement for Paediatrics & Child Health trainees only.
Radionuclide therapy/theranostics learning package	Before the end of Advanced Training.
Bone densitometry training - course or logbook	Before the end of Advanced Training.
1 paediatric case report	Before the end of Advanced Training.
1 logbook	Over the course of Advanced Training.
RACP Advanced Training Orientation resource	During the first 6 months of the specialty foundation phase.
RACP Supervisor Professional Development Program	Before the end of Advanced Training.
RACP Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence and Cultural Safety resource	Before the end of Advanced Training, if not completed during Basic Training. Recommended completion before the specialty consolidation phase.
RACP Health Policy, Systems and Advocacy resource	Before the end of Advanced Training. Recommended completion before the transition to fellowship/specialty completion phase.
CT anatomy course	Before the end of Advanced Training.
Recommended resources	Recommended completion over the course of Advanced Training.
Teaching	
Nominate 1 research project supervisor	Recommended to be nominated before the specialty consolidation phase.
Assessment	
1 research project	Before the end of Advanced Training. Recommended submission before the transition to fellowship/specialty completion phase.
AANMS Basic Sciences Course	Before the end of Advanced Training.
AANMS Continuous Assessment Program	Once per 12 months FTE of core training.

Requirements per phase

What do trainees need to do?	When do trainees need to do it?
Learning	
1 rotation plan per rotation	At the start of (or prior to starting) the rotation. Due 28 February for rotations in the first half or whole of the year and 31 August for rotations in the second half of the year.
Teaching	
Nominate 2 supervisors per rotation	At the start of each accredited or approved training rotation.
Assessment	
12 learning captures	Minimum 1 per month.
12 observation captures (reduced to 4, 2026 only)	Minimum 1 per month (for 2026 only, reduced to minimum 1 every 3 months).
4 progress reports	Minimum 1 every 3 months.

Entry

Training application

Requirement
1 training application, at the start of the specialty foundation phase.
Purpose
The training application supports trainees to: • confirm they meet the program entry criteria • provide essential details for program enrolment, ensuring compliance with RACP standards • establish a formal foundation for their training pathway, enabling access to program resources and support. The application form will be reviewed by RACP staff. Trainees will be able to track the status of applications through the College's new Training Management Platform (TMP). Trainees can submit rotation plans and complete assessments while waiting for their application to be approved.
How to apply
Trainees are to submit a training application for the program using TMP. **Due dates** **28 February** if starting at the beginning of the year. **31 August** if starting mid-year.

Learning

Professional experience

These requirements can be completed in any sequence over the course of training.

Professional experience

RACP trainees

- Complete at least 36 months of relevant professional experience in approved rotations.

RANZCR trainees

- Complete at least 24 months of relevant professional experience in approved rotations.

Location of training

- Complete training in at least 2 different nuclear medicine accredited training settings. During core training, no more than 12 months FTE can be spent at each training setting.
- Trainees are encouraged to seek a broad and diverse training experience during their core training time. It is recommended that time spent within any single accredited private training setting be limited to a maximum of 12 months. Trainees should plan their training accordingly. Trainees seeking to complete more than 12 months of core training at a single accredited private setting should demonstrate that the training will provide a sufficiently broad and diverse training experience.
- Complete at least 24 months of training in accredited training settings in Australia and/or Aotearoa New Zealand, (maximum 12 months completed at an overseas RACP accredited training setting).
- Training at non-accredited settings can only be undertaken during non-core training.

Experiential training

RACP trainees

Complete at least 36 months full-time equivalent (FTE) of relevant professional experience in approved rotations, including:

- Minimum 24 months FTE in core nuclear medicine training at accredited nuclear medicine training settings, with a maximum of 12 months FTE spent at each training site.
- Maximum 12 months FTE in approved non-core training positions.
- Paediatric & Child Health trainees can complete up to12 months of core training at a nuclear medicine accredited children's hospital that have an approved core-paediatric training position. Trainees who take up this option must complete the remainder of their core training at an accredited adult/general training setting, which offers a high level of cardiac stress testing.

RANZCR trainees

- Minimum 24 months FTE in core nuclear medicine training at accredited nuclear medicine training at accredited nuclear medicine training settings, with a maximum of 12 months FTE spent at each training setting.

All trainees - core training professional experience rotations

Trainees are required to complete dedicated blocks of training in the following specific areas of nuclear medicine at accredited nuclear medicine training settings.

- Minimum 15 days FTE of paediatric training (3 months maximum). See more information in logbook.

- Minimum 20 days FTE of positron emission tomography (PET) training. See more information in logbook.
- Minimum 5 days FTE radionuclide therapy/theranostics training in a service that delivers radionuclide therapy/theranostics beyond radioactive iodine (3 months maximum). See more information in radionuclide therapy/theranostics learning package.

Further advice – non-core training

- The rotation plan should outline how the proposed non-core training supports achievement of the Nuclear Medicine learning goals. It is recommended that trainees identify the learning opportunities available during the rotation that will assist them in meeting these learning goals.
- For non-core training undertaken outside Nuclear Medicine, the rotation plan should explain how the proposed training is relevant to Nuclear Medicine and how the trainee will maintain currency in Nuclear Medicine throughout the rotation.

Rotation plan

Requirement

1 x rotation plan per rotation.

Description

The rotation plan is a work-based tool to document details of a training rotation and how a trainee intends to cover their program learning goals over the rotation period.

Purpose

The rotation plan helps trainees evaluate their learning gaps, curriculum needs, and local opportunities to meet expected standards. It is validated by College staff to ensure it aligns with the professional experience requirements for the program.

How to complete it

Trainees can submit a rotation plan in TMP under the training plan tab.

Trainees undertaking their first rotation of their training program must select the following checkbox, 'The rotation start date is also the start date of my Training Program' to record the start date for their training program.

If a trainee is expecting a learning goal to be covered during a rotation, select 'yes' for 'coverage offered' and outline the learning opportunities available. See this completed rotation plan for examples of the learning opportunities that may be available for each learning goal.

This information will be used by supervisors and overseeing RACP training committee to determine the relevance of the rotation to the program's professional experience requirements.

Trainees should upload a copy of the position description and any other supporting information that outlines the training position being undertaken. This should include regular/weekly activities that the trainee will be undertaking during the rotation (e.g. timetable).

Trainees can also set custom goals to define personal objectives that they want to achieve during the rotation. These goals should be measurable and align with the trainee's professional objectives, skill gaps, or personal interests.

Trainees need to nominate their rotation supervisors in the plan, and they will need to approve the plan in TMP via 'my assigned actions'.

For more information on how to complete a rotation plan review the training resources.

Due dates

28 February for rotations in the first half or whole of the year.

31 August for rotations in the second half of the year.

Radionuclide therapy/theranostics learning package

Requirement

Complete the radionuclide therapy/theranostics learning package by the end of Advanced Training.

Description

To complete the radionuclide therapy/theranostics learning package, trainees must:

- Complete 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

- Complete **one** of the following:
    - Completion of a theranostics training course
    - Complete 5 additional days on-site experience in a service that delivers radionuclide therapy/theranostics beyond radioactive iodine (*at the discretion of involved training settings)*
    - Attend an additional 8 multidisciplinary meetings which discuss the delivery of high dose radionuclide therapy/theranostics

Purpose

Completion of this learning package helps trainees achieve competency in the radionuclide therapy/theranostics learning goals.

How to complete it

Trainees will need to provide evidence of course completion via TMP assessment requirements tab.

Trainees can use the logbook template to record data and reflect on workplace experiences. The logbook can be submitted via TMP under the assessment requirements tab.

Bone densitometry training

Requirement
Complete bone densitometry training by the end of Advanced Training.
Description
To complete bone densitometry training, trainees must: • Attend the annual 2-day practitioner course on bone densitometry run by the Australian and New Zealand Bone and Mineral Society (ANZBMS) and pass the course examination. **OR** • Be involved and supervised in the reporting of a minimum of 200 bone mineral density scans, and record them in a logbook.
Purpose
Completion of the course or logbook is essential for trainees to demonstrate a fundamental level of bone densitometry clinical exposure and knowledge. Many Nuclear Medicine specialists perform bone densitometry routinely in clinical practice.
How to complete it
Trainees will need to provide evidence of course completion via TMP assessment requirements tab. Trainees can use the logbook template to record data and reflect on workplace experiences. The logbook can be submitted via TMP under the assessment requirements tab.

Paediatric case report

Requirement
1 x paediatric case report, by the end of Advanced Training. This case report forms part of the paediatric training professional experience. Trainees are required to submit, in PowerPoint format, a case report of a patient they may have been involved in while training in Paediatric Nuclear Medicine.
Purpose
A paediatric case report is a learning activity that demonstrates the trainees' approach to an interesting or unusual paediatric patient case. The case report will not focus solely on the clinical and imaging aspects of the case but will also consider wider issues of paediatric nuclear medicine, including the disease process in paediatric patients, imaging evaluation skills, and literature review skills related to the patient condition.
Description
In a paediatric case report, trainees will: • Develop a clinical question which requires an answer to inform how the nuclear medicine study will address the patient's diagnosis and treatment • Research and critically appraise evidence related to the patient condition or situation • Apply relevant evidence to the patient case, diagnosis or situation which helps to validate their approach and decisions.

How to complete it

Trainees are required to submit their paediatric case report for review by the Training Program Committee in Nuclear Medicine using the template.

The paediatric case report coversheet should be completed and uploaded into TMP under the assessment tools tab.

The Training Program Committee in Nuclear Medicine will review and provide feedback on the paediatric case report using a review sheet.

For more information on how to complete a case report review the training resources.

Resources

Paediatric case report template

Paediatric case report coversheet

Paediatric review sheet (for TPC use)

Logbook

Requirement

1 x logbook required by the end of Advanced Training.

Description

The logbook is a learning tool that helps trainees capture data about and reflect on specific workplace experiences. The are a number of learning, teaching and assessment requirements that can be captured via the logbook, including:

1. Cardiac cases - minimum of 300 cases required
    a. 200 where the trainee (under supervision) has performed the cardiac stress test and reported the study
    b. 100 of these cases can be as a joint report or as library cases
    c. 10 correlated cases with coronary catheterisation or CT angiography (included in total of 300) - recommended
    a. specify stress modality for each case i.e., exercise, pharmacological (including type)

2. Positron emission tomography (PET) logbook - minimum 300 cases required + minimum 20 days FTE, with a maximum of 100 x paediatric or adolescent PET studies.

3. Bone densitometry training - minimum 200 cases required *(alternative option to completing the ANZBMS annual 2-day bone densitometry practitioner course)*

4. Radionuclide therapy/theranostics learning package

5. Paediatric training days - minimum 15 days FTE, of which:
    a. A minimum of 5 days of concentrated paediatric training must be completed at a nuclear medicine accredited children's hospital (3 months maximum)
    b. Up to 10 days may be recognised from longitudinal paediatric training at an accredited adult training setting that has been identified to have substantial volume of paediatric cases. Trainees must submit a formal request to the TPC for consideration and approval, and complete a minimum of 12 months FTE at the training setting.

How to complete it
Maintain one logbook over the course of training, using the logbook template to record data and reflect on workplace experiences. Submit the logbook twice per phase of training (i.e. every 6 months FTE) via TMP under the assessment requirements tab. Refer to the instructions tab of the logbook template for more information.

Courses

RACP Advanced Training Orientation resource

Requirement
1 RACP Advanced Training Orientation resource, completed during the first 6 months of the specialty foundation phase.
Description
This resource is designed to orient trainees to Advanced Training. It covers areas such as transition to Advanced Training, training and assessment, and trainee support. It is a 'one-stop shop' trainees can return to if they ever want to find a useful resource, or need a refresher on the supporting resources, policies, and systems available to them. Estimated completion time: 1–1.5 hours.
Purpose
The resource is intended to support trainees to successfully navigate their transition to Advanced Training and prepare for unsupervised practice as a specialist physician.
How to complete it
Trainees can complete the Advanced Training Orientation resource on RACP Online Learning. Trainees will receive a certificate of completion on RACP Online Learning when they complete the resource. Completion of this requirement will automatically update in TMP.

RACP Supervisor Professional Development Program

Requirement
1 x RACP Supervisor Professional Development Program (SPDP), consisting of 3 workshops, completed by the end of Advanced Training.
Description
The SPDP consists of 3 workshops: • Practical skills for supervisors • Teaching and learning in healthcare • Work-based learning and assessment

See Supervisor Professional Development Program for more information on the program.

Purpose

This requirement aims to prepare trainees for a supervisory/educator role in the workplace and supports trainees' learning aligned with the "team leadership" and "supervision and teaching" learning goals.

How to complete it

Register for a supervisor workshop.

Trainees can complete the SPDP in three ways:

- Virtual workshops
- Face-to-face workshops
- Online courses.

Workshops are free and presented by volunteer Fellows trained in SPDP facilitation.

RACP Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence and Cultural Safety resource

Requirement

1 x Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence and Cultural Safety resource, if not completed during Basic Training.

Trainees must complete the resource by the end of their Advanced Training however it's recommended they complete it before the specialty consolidation phase.

Description

The Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence and Cultural Safety resource teaches best practice medicine for Aboriginal, Torres Strait Islander and Māori patients through reflection on the trainee's own cultural values and recognition of their influence on professional practice.

Estimated completion time: 2 hours.

Purpose

This resource supports trainees' learning aligned with the "professional behaviours" learning goal. Specialist training requires trainees to:

- examine their own implicit biases
- be mindful of power differentials
- develop reflective practice
- undertake transformative unlearning
- contribute to a decolonisation of health services for Indigenous peoples

How to complete it

Trainees can complete the Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence and Cultural Safety resource on RACP Online Learning.

Trainees will receive a certificate of completion on RACP Online Learning when they complete the resource. Completion of this requirement will automatically update in the Training Management Platform.

RACP Health Policy, Systems and Advocacy resource

Requirement
1 x RACP Health Policy, Systems and Advocacy resource, completed by the end of Advanced Training.
Description
This resource has been designed for Advanced Trainees, as an introduction to health policy, systems, and advocacy. Estimated completion time: 5 hours.
Purpose
The resource aims to support Advanced Trainees in meeting the health policy, systems, and advocacy professional standard and underpinning competencies outlined in their specialty curriculum, and to enable connections between Advanced Trainees' own practice and the nature and attributes of local, national, and global health systems.
How to complete it
Trainees can complete the RACP Health Policy, Systems and Advocacy resource on RACP Online Learning. Trainees will receive a certificate of completion on RACP Online Learning when they complete the resource. Completion of this requirement will automatically update in the Training Management Platform.

CT anatomy course (RACP trainees only)

Requirement
1 x CT anatomy course, completed by the end of Advanced Training.
Description
Examples of suitable CT anatomy courses include those run by Radiopaedia and the Society of Nuclear Medicine and Molecular Imaging (SNMMI).
Purpose
Hybrid imaging is a core component of the nuclear medicine curriculum and nuclear medicine practice, with interpretation of CT images part of daily nuclear medicine practice. Completion of a CT anatomy course assists trainees in developing an understanding of cross-sectional anatomy, which is critical for hybrid image interpretation.

How to complete it
Trainees will need to provide evidence of course completion via TMP assessment requirements tab.

Recommended resources

- RACP Communication Skills resource
- RACP Ethics resource
- RACP Introduction to Leadership, Management and Teamwork resource
- RACP Research Projects resource
- RACP eLearning resources
- RACP curated collections

Teaching

Supervision

Rotation supervisors

Trainees are to have 2 x supervisors per rotation, including:

- Minimum 1 x supervisor, who is a Fellow of the RACP or RANZCR in Nuclear Medicine

Nominating eligible supervisors

Trainees will be asked to nominate rotation supervisors as part of their rotation plan. Trainees are required to nominate eligible supervisors who meet the above requirements.

A list of eligible supervisors can be found on MyRACP. The list is not available for post-Fellowship trainees. Post-Fellowship trainees can contact us to confirm supervisor eligibility.

Research project supervisor

Trainees are to nominate 1 x research project supervisor over the course of Advanced Training. Recommended to be nominated before the specialty consolidation phase.

The research project supervisor guides trainees with their project choice, method, data analysis and interpretation, and quality of written and oral presentation.

More information about this role can be found in the Advanced Training research project guidelines.

Assessment

Assessment blueprint

This high-level assessment program blueprint outlines which of the learning goals *could be* and *will be* assessed by the assessment tools.

	Assessment tools						
Learning goals	**Learning capture**	**Observation capture**	**Progress report**	**Research project**	**Paediatric case report**	**AANMS Basic Sciences Course**	**AANMS Continuous Assessment Program**
1. Professional behaviours	Could assess	Could assess	Will assess	Will assess	Will assess	Could assess	Could assess
2. Leadership in the nuclear medicine department	Could assess	Could assess	Will assess	x	Could assess	x	Could assess
3. Supervision and teaching	Could assess	Could assess	Will assess	x	Could assess	x	x
4. Quality improvement	Could assess	Could assess	Will assess	Could assess	Could assess	Could assess	Could assess
5. Clinical assessment and management, including prescribing radioisotopes	Could assess	Could assess	Will assess	x	Could assess	Could assess	Could assess
6. Longitudinal care of patients, including those receiving Theranostics and transitions in care	Could assess	Could assess	Will assess	x	Could assess	x	Could assess
7. Communication	Could assess	Could assess	Will assess	x	Could assess	x	Could assess
8. Investigations and procedures	Could assess	Could assess	Will assess	x	Could assess	Could assess	Could assess

Learning goals	Assessment tools						
	Learning capture	Observation capture	Progress report	Research project	Paediatric case report	AANMS Basic Sciences Course	AANMS Continuous Assessment Program
9. Scientific basis of nuclear medicine, including radiation safety	Could assess	Could assess	Will assess	x	Could assess	Will assess	Could assess
10. Cardiovascular nuclear medicine	Could assess	Could assess	Will assess	x	Could assess	Could assess	Could assess
11. Endocrine nuclear medicine	Could assess	Could assess	Will assess	x	Could assess	Could assess	Could assess
12. Gastrointestinal nuclear medicine	Could assess	Could assess	Will assess	x	Could assess	Could assess	Could assess
13. Genitourinary nuclear medicine	Could assess	Could assess	Will assess	x	Could assess	Could assess	Could assess
14. Musculoskeletal nuclear medicine	Could assess	Could assess	Will assess	x	Could assess	Could assess	Could assess
15. Neurological nuclear medicine	Could assess	Could assess	Will assess	x	Could assess	Could assess	Could assess
16. Oncological nuclear medicine	Could assess	Could assess	Will assess	x	Could assess	Could assess	Could assess
17. Pulmonary nuclear medicine	Could assess	Could assess	Will assess	x	Could assess	Could assess	Could assess
18. Inflammation and infection	Could assess	Could assess	Will assess	x	Could assess	Could assess	Could assess
19. Radionuclide therapies / Theranostics	Could assess	Could assess	Will assess	x	Could assess	Could assess	Could assess

Learning capture

Requirement
12 x learning captures per phase of training, minimum 1 per month. *Refer to RACP Flexible Training Policy for further information on part-time training (item 4.2).*
Description
The learning capture is a work-based assessment that involves a trainee capturing, and reflecting on, professional development activities, including evidence of work-based learning linked to specific learning goals. Review example learning capture for the nuclear medicine program.
Purpose
The learning capture assists trainees to reflect on experiences, promotes critical thinking, and connects these to a trainee's learning goals and professional development. It is also a valuable mechanism for trainees to enhance their understanding of complex topics and less common experiences that may be difficult to encounter in traditional training.
How to complete it
The learning capture is completed via TMP under the 'assessment requirements' tab. For more information on how to complete a learning capture review the training resources.

Observation capture

Requirement
12 x observation captures per phase of training, minimum 1 every 3 months. (reduced to 4 x observation captures for 2026 only, minimum of 1 every 3 months). *Refer to RACP Flexible Training Policy for further information on part-time training (item 4.2).*
Description
An observation capture is a work-based assessment which provides a structured process for trainees to demonstrate their knowledge and skills in real-time workplace situations, while assessors observe and evaluate performance. Review example observation capture for the nuclear medicine program.
Purpose
The purpose of the observation capture is to assess skill development, track progress, and provide targeted feedback for improvement for trainees against specific learning goals.
How to complete it
Observation captures are completed via TMP under the 'assessment requirements' tab. For more information on how to complete an observation capture review the training resources.

Progress report

Requirement
4 x progress reports per phase of training, minimum 1 every 3 months. *Refer to RACP Flexible Training Policy for further information on part-time training (item 4.2).*
Description
A progress report is an assessment that documents trainees' and supervisors' assessment of trainee progress against the training program learning goals over a period of training.
Purpose
Progress reports assess knowledge and skill development, track progress against the phase criteria, and provide targeted feedback for improvement.
How to complete it
Progress reports are completed via TMP under the assessment requirements tab. Trainees must: • self-assess against the program's learning goals • record any leave taken during the covered training period • provide summary comments about the rotation For more information on how to complete a progress report review the training resources

Research project

Requirement
1 x research project over the course of Advanced Training.
Description

The research project should be one with which the trainee has had significant involvement in designing, conducting the research and analysing data. Trainees may work as part of a larger research project but must have significant input into a particular aspect of the study.
 	
Research projects are not required to be specialty-specific but are required to be broadly relevant to trainees' area of specialty. Broadly relevant can be defined as topics that can enhance, complement and inform trainees' practice in the chosen specialty.
 	
Three research project types are accepted:
• research in:
  ○ human subjects, populations and communities and laboratory research
  ○ epidemiology
  ○ education
  ○ leadership
  ○ medical humanities
  ○ areas of study which can be applied to care of patients or populations
• audit
• systematic review

The trainee must have a research project supervisor who may or may not be one of their rotation supervisors.

The research project is marked by the training committee as pass, fail or resubmit and trainees receive qualitative feedback about their project. The research project should be submitted for marking by the end of the specialty consolidation phase to allow time for resubmission in the Transition to Fellowship/Specialty Completion phase if the project is unsatisfactory.

Purpose

The research project enabled trainees to gain experience in research methods; in interpretation of research literature; in participation in research at some stage of their career; and to develop quality improvement skills. Submission of a research project provides evidence of the skills of considering and defining research problems; the systematic acquisition, analysis, synthesis and interpretation of data; and effective written communication.

How to complete it

Detailed information on how to complete the research project can be found in the Advanced Training research project guidelines and can be submitted via TMP under the assessment requirements tab.

There are 3 deadlines that must be followed when submitting an Advanced Training Research Project. Trainees can choose to submit their Research Project on any of these 3 dates during the year.

Due dates: 31 March, 15 June, or 15 September.

RANZCR pathway trainees: *Trainees with a project pending a marking outcome with RANZCR, should not submit their project to the RACP until the outcome has been confirmed. Once the trainee has passed the RANZCR research requirement, an application for RPL or ATRP exemption can be submitted to the RACP.*

AANMS Basic Sciences Course

Requirement

1 x Australasian Association of Nuclear Medicine Specialists (AANMS) Basic Sciences Course (BSC), completed by the end of Advanced Training.

It is strongly recommended that trainees undertake the BSC during the specialty foundation year of Advanced Training.

Description

The BSC is designed and delivered by AANMS. The course has its own curriculum, which is based on the Advanced Training in Nuclear Medicine Learning Goal 9 Scientific basis of nuclear medicine, including radiation safety.

The BSC is delivered as a mix of face-to-face and online learning, including lecture presentations and in-person practicals. An online exam is held after the course.

For more information about the course, see the AANMS website or contact education@aanms.org.au.

Purpose

The Basic Sciences Course teaches the basic scientific principles relevant to the clinical applications of nuclear medicine.

It will provide trainees:

- an understanding of the theoretical principles of the basic sciences in nuclear medicine
- the ability to apply these principles in clinical nuclear medicine practice
- practical skills in instrumentation, computer analysis and radiopharmacy

How to complete it

The BSC is held once a year and trainees must liaise directly with AANMS to register and participate.

Trainees should discuss their participation in in the BSC with their supervisor. AANMS charges trainees a fee to participate in the course.

Trainees will need to provide evidence of course completion via TMP assessment requirements tab.

Exemption information

Trainees wishing to seek exemption from the BSC requirement must submit a formal request to the Nuclear Medicine TPC.

AANMS Continuous Assessment Program

Requirement

1 x AANMS Continuous Assessment Program (CAP) per 12 months FTE of core training.

Description

The CAP is designed and delivered by AANMS. Each year the different topics and concepts from the nuclear medicine learning goals are chosen for the CAP program. These topics are presented via a number of different assessment types.

Assessment types could be:

:

- written assignments
- online assessments
- face-to-face assessments, for example an oral assessment task

Details of the requirements and assessment dates for the current year CAP are listed on the AANMS Trainee Resource and Education Centre (TREC). The TREC is open to current nuclear medicine trainees only.

Trainees must complete all the CAP assessments set during their core training years. For part-time trainees, CAP assessments will be pro-rated to the amount of training they have been approved for, as outlined in the RACP Flexible Training Policy.

Trainees are not required to complete CAP assessments during their non-core training year.

For more information about the CAP, see the AANMS website or contact education@aanms.org.au.

Purpose

The CAP is designed to:

- provide an objective measure of knowledge of material considered to be necessary for satisfactory performance as a Nuclear Medicine specialist
- act as a teaching aid to focus a trainee's learning on the areas of importance outlined in the Advanced Training in Nuclear Medicine curriculum standards
- provide objective feedback to trainees and their supervisors on the trainee's performance

How to complete it

Each Continuous Assessment Program assessment type is held once a year and trainees must liaise directly with AANMS to register and participate.

Trainees should discuss their participation in in the CAP with their supervisor.

AANMS does not charge a fee to participate in the Continuous Assessment Program.

Following the completion of each 12 months FTE of core training including CAP assessments, the RACP will mark the corresponding requirement complete in TMP.

Roles and responsibilities

Advanced Trainee

Role
A member who is registered with the RACP to undertake one or more Advanced Training programs.
Responsibilities

• Maintain employment in accredited and/or approved training settings in accordance with training program requirements.
• Act as a self-directed learner:
  ○ be aware of the educational requirements outlined in the relevant curricula and education policies
  ○ actively seek and reflect on feedback from assessors, supervisors, and other colleagues
  ○ plan, reflect on, and manage learning and progression against the curricula standards
  ○ adhere to the deadlines for requirements of the training program.
• Actively participate in accreditation activities undertaken by the RACP.
• Complete the annual Physician Training Survey to assist the RACP and training settings with ongoing quality improvement of the program.

Rotation supervisor

Role
A consultant who provides direct oversight of an Advanced Trainee during a training rotation.
Responsibilities

• Be aware of the educational requirements outlined in the relevant curricula and education policies.
• Oversee and support the progression of Advanced Trainees within the setting:
  ○ assist trainees to plan their learning during the rotation
  ○ support colleagues to complete observation captures with trainees
  ○ provide feedback to trainees through progress reports.
• Actively participate in accreditation activities undertaken by the RACP.
• Complete the annual Physician Training Survey to assist the RACP and training settings with ongoing quality improvement of the program.

Assessor

Role

A person who provides feedback to trainees via the Observation Capture or Learning Capture tool. This may include consultants and other medical professionals, allied health professionals, nursing staff, patients and their families, administrative staff, and consumer representatives.

Responsibilities

- Be aware of the learning goals of the training program.
- Provide feedback to support the progression of Advanced Trainees within the setting:
  - Complete Observation Captures.
  - Provide feedback on Learning Captures as required.

Progress Review Panel

Role

A Progress Review Panel is a group convened to meet and make evidence-based decisions on trainees' progression through training.

Progress Review Panels ensure the integrity and transparency of progression and completion decisions related to Basic and Advanced Trainees.

Panels are considered experts in the training program, including the curriculum standards, requirements, and administration of the program.

Responsibilities

1. **Make decisions on progression** for all trainees in a training program. The panel will assess if trainees have met or are on track to meet the expected standard for their phase of training, including the completion of learning, teaching and assessment requirements.

2. **Manage trainee conditions to enable trainees to progress** by reviewing trainee performance. Where required, panels will set conditions for trainees to meet, with the goal of helping trainees achieve the program learning goals and progression or completion criteria.

Types of Progress Review Panels

There are two types of RACP Progress Review Panels:

- Primary panel: A primary Progress Review Panel is an RACP committee supported by an RACP staff member. Primary panels are existing Training Program Committees/Subcommittees and will have Progress Review Panel functions included as part of their operations and delegations.
- Secondary panel: These are local panels typically set up within a specific training setting, network, or geographic area. These panels will make progression decisions on behalf of the Training Program Committee and manage conditions placed on trainees.

Trainees will be able to review the panels they are assigned to in the TMP.

Trainee progress decisions, conditions and feedback

- Panels will monitor and review trainee progress and make a phase progression decision.

- Panels may add training conditions that trainees need to meet to progress in training or during their next phase of training.
- Trainees will be able to view progression decisions, conditions and panel feedback on the trainee progress tab in TMP.

RACP oversight committees

Role
RACP-administered committees with oversight of the Advanced Training Program in Australia and New Zealand. This includes the relevant training committee and/or Aotearoa New Zealand training subcommittee.

Responsibilities

- Oversee implementation of the Advanced Training program in Australia and Aotearoa New Zealand:
    - Manage and contribute to the review of program requirements, accreditation requirements, and supervision requirements.
    - Monitor implementation of training program requirements.
    - Implement RACP education policy.
    - Oversee trainees' progression through the training program.
    - Monitor the accreditation of training settings.
    - Case manage trainees on the Training Support pathway.
    - Review progression and certification decisions on application in accordance with the RACP Reconsideration, Review, and Appeals By-Law.
- Work collaboratively with secondary Progress Review Panels, where applicable to ensure the delivery of quality training.
- Provide feedback, guidance, recommendations, and reasoning for decision making to trainees and supervisors.
- Declare conflicts of interest and excuse themselves from decision making discussions when conflicts arise.
- Report to the overseeing RACP committee as required.

Resources

For trainees

- Education policies
- Trainee support
- Trainee responsibilities
- Accredited settings
- Training fees

For supervisors

- Supervisor Professional Development Program
- RACP Research Supervision resource
- RACP Training Support resource
- RACP Creating a Safe Workplace resource