



Implementation guidance for deaneries and ARCP panels

When should trainees transfer to the 2021 curricula?

All clinical oncology trainees will need to transfer to the new curriculum, unless they are due to CCT before 1 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 oncology trainees in ST7 will not be required to transfer to the new curriculum, provided that they are due to CCT before 1 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 1 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 1 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 1 September 2022 would be expected to be assessed against the new curriculum at their 2021/22 ARCP.

Example transition plans

Trainee A

Trainee A is a full time trainee, currently following the 2016 curriculum. Their ARCP is scheduled for June 2021. They will be assessed against the 2016 curriculum at this ARCP and then transfer to the new, 2021 curriculum following this. Their ARCP for the following training year will take place in June 2022 and they will be assessed against the new curriculum at this point.

Trainee B

Trainee B is training less than full time and is currently following the 2016 curriculum. Their ARCP for the 2020/21 training year will take place in September 2021 and will assess their progress against the 2016 curriculum. Following this they will transfer to the new curriculum and will be assessed against this at their ARCP in September 2022.

Clinical Oncology

Curriculum 2021



Clinical
Oncology

The Royal College of Radiologists

Trainee C

Trainee C is currently in ST5 and also less than full time, following a 0.5 training pattern. Their next ARCP is due in June 2021, however their 0.5 training pattern means that they will not progress from ST5 to ST6 at this point. They will be assessed against the 2016 curriculum in June 2021, and will be required to transfer to the new curriculum at this point, even though this is midway through their ST5 year. They will be assessed against the new curriculum at their ARCP in June 2022, so will need to demonstrate that they have met the requirements in the new curriculum for progressing from ST5 to ST6. This trainee may need additional support from the educational supervisor to ensure that they have met these requirements.

Trainee D

Trainee D is currently out of programme completing research and is due to return to training in June 2021. They should transfer to the new curriculum as soon as they return and will be assessed against the 2021 curriculum at their ARCP in 2022.

Trainee E

Trainee E is on maternity leave and is due to return in April 2021. If the trainee and training programme director are happy for her to do so, she could transfer to the new curriculum when she returns to training in April 2021 or she could wait until her next ARCP to transfer, as long as this is before September 2022.

Are there any changes to assessment?

The 2021 curriculum is 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 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](#).

The range of formative workplace based assessment and summative examinations found in the 2016 clinical oncology curriculum have been retained. The use and structure of these assessments is well established and they can easily be applied to the new curriculum with little or no change.

Two additional types of WPBA, the multiple consultant report (MCR) and the acute care assessment tool (ACAT) have been introduced. These reflect the increased emphasis on acute oncology and the closer relationship between the clinical and medical oncology curricula, including the oncology common stem.

The MCR has been introduced to capture the views of consultant supervisors on a trainee's clinical performance. In the oncology common stem (OCS), this report should include at least one clinical oncology supervisor and at least one medical oncology supervisor.

The ACAT is intended to be used for providing feedback to trainees on supervised aspects of acute oncology provision. This may include an on call shift, ward rounds, handover or in-reach to the medical assessment unit (MAU), or covering a day's management of admissions

Clinical Oncology

Curriculum 2021



Clinical
Oncology

The Royal College of Radiologists

and ward work. The ACAT looks at clinical assessment and management, decision making, team working, time management, record keeping and handover for the whole time period and multiple patients.

As a result of introducing two additional assessments, the minimum number of each assessment that is required for each stage of training has been amended so that the overall burden of assessment for trainees and supervisors is not increased.

There will be no changes to the FRCR examinations.

More details on assessment requirements can be found in the curriculum and the ARCP decision aid.

How should trainees be assessed for the OCS year at the end of ST3?

The first year of training focuses on the development of the generic CiPs expected of all doctors, and of common CiPs relating to the key areas of overlap between clinical oncology and medical oncology. At the end of ST3, decisions about trainee progression should be based on progress against the generic and common oncology CiPs only, not against the clinical oncology specific CiPs.

Some trainees progressing at above the expected rate may have evidence of progress towards some specialty-specific CiPs in their e-portfolios, however this is not required for progression from ST3 to ST4.

Where can we find the ARCP decision aid?

The ARCP decision aid can be found under assessment on the RCR curriculum web page. It is no longer contained within the curriculum document itself.

The decision aid is 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 CiPs at each stage of training.

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.

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