

PRINCIPLES OF FLEXIBILITY IN CURRICULUM 2024 – IMPLEMENTATION NOTE NO. 13

Introduction

- This document is intended to offer guidance to educational teams and resident doctors in response to various queries raised with the Curriculum 2024 Team. These principles have been discussed with the Lead Dean.
- **It is vital that no residents are disadvantaged** during this initial transition phase, and whilst Deaneries and units engage with the demands of implementing the new curriculum requirements. The Training Committee will be taking a close interest in how the curriculum is being delivered, and the GMC will also expect the RCOphth to report back after this first year. Please continue to send any feedback or queries to Curriculum2024@rcophth.ac.uk.

Principle 1 - Pay is linked to ST stage not Level

- **Pay progression must remain linked to ST grades (and NOT Levels)** to ensure a consistent approach across the UK and avoid unwarranted variations that could lead to legal challenge. Training grade determines pay and is linked to national terms and conditions – there is no mechanism for transferring curriculum Level details to an employing organisation, which bases its planning on ST grades. There are also differences between the nations in how pay grades operate. Advancement between curriculum Levels must be considered independently of pay progression. For example, while a resident is a ST2 but achieving Level 3 competencies ahead of time, they will remain a ST2 until progression to the next stage (ST3) is signed off by an ARCP panel. This will avoid risk and maintain consistency.

Principle 2 – Formal Level advancement must be ratified by an ARCP panel

- The ES will make a recommendation in the ESR as to whether the resident has acquired enough evidence to demonstrate advancement to the next Level. If this is the case, the resident will immediately be able to start acquiring evidence for the higher Level. However, nothing will change on the Training Map in the ePortfolio until the advancement is formally ratified by an ARCP panel. Thus, when the recommendation is made at the mid-year point, there will be a time-lag before the advancement is reflected in the Training Map.

- Achieving competency quickly might result in more than one Level change in a training year. For example, where an ES recommends, at the mid-year point, that a ST1 should advance to Level 2, their Training Map would not be changed until the end of the training year, after securing ARCP panel endorsement. However, acquisition of Level 2 evidence may start as soon as the ES has made the recommendation. Should the ST1 also be able to achieve full Level 2 competence by the time of the ARCP, the Training Map would reflect two Level changes, one retrospective and one post-ARCP.

Principle 3 – CCT before 7 years (acceleration of CCT)

- The flexibility offered by the new curriculum does not automatically equate to an early exit from the programme (early CCT) as soon as Level 4 special interest training is complete.
- Any application to leave the programme before the indicative duration for Ophthalmology (7 years) must follow the principles highlighted in the [CoPMed guidance](#). This national acceleration process, which must be planned with Deaneries well in advance, is the only way to leave the training programme earlier. The national acceleration process is not the RCOphth's remit and needs approval from the Deaneries.

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Curriculum 2024 Team