

North East and north Cumbria

Specialty Training

School of Radiology - Higher Training In Interventional Radiology

Introduction

Clinical Radiology training is currently formatted with the first three years devoted to core training, the second two (“+2”) to sub-specialty training. At the end of five years, the trainee will be awarded a CCT in Clinical Radiology with defined higher level competencies as laid out in their e-portfolio. Competencies are currently divided into “Core”, Level 1 and Level 2. A trainee would be expected to leave the School with a suite of Level 1 competencies, fit to practice at DGH level. Those wishing to work at tertiary referral level would be expected to be more highly specialised in a particular field. These are referred to as Level 2 competencies. In practice trainees tend to leave the School with a suite of both Level 1 and 2 competencies. This is laid out in the curriculum published by the Royal College of Radiologists (RCR), May 2010.

In May 2012, the RCR updated the curriculum with the addition of a sub-specialty curriculum in IR, the completion of which would result in a Clinical Radiology CCT with Interventional Radiology sub-specialisation. This covers both vascular and non-vascular interventional training. It also covers Diagnostic and Interventional Neuroradiology, which is dealt with in a separate policy for the purposes of clarity. In order to be recognised by the GMC, and the GMC is explicit in this regard, the trainee must specify their desire to undertake a further 3 years of IR training, commencing at ST4. In this situation the trainee completes a total of 6 years of training: 3 core + 3 higher. The RCR extends the trainee’s CCT date by one year. To be clear: entry must be at the start of ST4; sometimes the GMC may retrospectively grant recognition for previous training toward +3 years of higher training if entry onto IR training occurs after the start of ST4. This is entirely at the discretion of the GMC and is not guaranteed. If a trainee wishes to enter higher IR training beyond the start of ST4, (and no GMC retrospective recognition is granted) the RCR will extend (at the request of the Scheme) training by a maximum of one year (to a maximum of 6 in total, again giving 3+3), but this will result in the award of a Clinical Radiology CCT with defined special interest in IR (that is, not IR sub-specialty).

The Newcastle Scheme does not currently offer +3 interventional training which would lead to CR CCT with sub-specialty in IR.

A trainee on the IR CCT curriculum can, at any time, and without having to give a reason, revert

to standard +2 training, and be awarded a CCT in Clinical Radiology.

The RCR's stated position is that all training opportunities should be offered to local trainees first, and only advertised nationally if there is no local interest. The concept of "fellowships" is regarded as obsolete and is not supported by the RCR. This is therefore the School's position. The RCR has recently changed its rules regarding the timing of the Part IIB exam, which is now taken during ST4. The previous School requirement of specifying full FRCR prior to entry to IR training is therefore no longer tenable.

Current position

The Newcastle Scheme currently offers one nationally advertised two year "fellowship" which would lead to either CR CCT with special interest in IR, or possibly sub-specialty in IR if part of a three year programme (ie ST4 completed in IR at another centre, and the individual is already registered with the GMC as being on the IR curriculum). This adversely disadvantages local trainees, impairs our reputation as a School (other Schools around the country have addressed this issue already), and impairs our ability to recruit and train sufficient IR competent radiologists to meet the North East's need). Funding for this, as with all 42 Newcastle Scheme posts, is via HEE NE. On call is paid for by the Newcastle upon Tyne Hospitals Trust (NUTH). The post is currently based at the Freeman Hospital (FRH).

Policy

1. With effect from January 2013, the School will offer, through its Newcastle Scheme, one +3 post per annum, to be based at the FRH, but rotating to other School hospitals during the three years, which, if entered at the start of ST4, will lead to CR CCT with sub-specialty in IR.
2. Entry will be at the start of ST4, and trainees wishing to avail themselves of this opportunity must make their preference known during the first six months of ST3. The individual, if accepted, must register with the RCR that they wish to transfer onto the IR curriculum.
3. If more than one trainee wishes to take advantage of this opportunity, a formal competitive interview will be conducted. This will be undertaken as a HEE NE managed process. The interview panel will be constituted, as a de minimis, of one representative of the School (Head or one of the TPDs), one IR senior sessional trainer and one representative of HEE NE.
4. Only one higher IR training opportunity will be available each year.
5. There will only ever be a maximum of three higher IR trainees at any given time. (The only exceptions to this are sick leave or maternity leave; this would otherwise disadvantage other trainees wishing to train in IR unfairly.)
6. Subject to there being a vacancy (see (5) above), any trainee may apply, subsequent to ST4, for higher, special interest, IR training. In this situation, the trainee would have their training extended by a maximum of one year, and they would be awarded a CCT in Clinical Radiology with IR special interest. Acceptance of such a trainee is entirely at the

discretion of the IR sessional trainers. If the individual trainee is not considered suitable, or is too far into their higher training for the IR training to be worthwhile, then the application will be denied. The decision of the IR sessional trainers will be considered final from a training perspective. HEE NE/School may also refuse the request on the grounds of funding, or if it is considered that the skills gained are unlikely to contribute to the North East's long term workforce needs, or if the School believes other more suitable candidates not yet eligible to apply would be adversely disadvantaged (to avoid "slot-blocking").

7. Subject to there being no local interest, sufficient training capacity, no more than 3 IR trainees at any one time, and no concerns regarding "slot-blocking", the School may offer, if it so wishes, training opportunities in IR nationally. Recruitment will be limited to fulfilment of the following criteria:
 - a. The applicant must already be on the IR sub-specialty curriculum and must be recognised as such by the GMC and the RCR. Written proof of this will be required, and lack of its production will result in the individual not being appointed. Trainees from other Schemes will not be accepted into the Northern School in order to undertake any form of special interest training in IR.
 - b. The intention here is for the Freeman Hospital to offer out of programme training or completion training for trainees in other Schemes, where those Schemes cannot fulfil the whole of the IR sub-specialty curriculum.
 - c. The applicant must, at the point of being accepted into the Northern School of Radiology, have full FRCR. There will be no exceptions.
 - d. The applicant must, at the point of being accepted into the Northern School, possess an ARCP1.
 - e. The applicant must, at the point of being accepted into the Northern School, be in good standing with the GMC and have no outstanding or pending criminal convictions. A failure to disclose such issues will be dealt with as a serious breach of probity and will result in a referral to the GMC. The School reserves the right to pursue termination (with or without prejudice) of contract in such a situation.
 - f. The trainee must, at the point of being accepted into the Northern School, have an up to date e-portfolio, and be able to demonstrate through it full engagement with the educational process.
8. Possession of full FRCR will not be required to commence IR +3 sub-specialty training for local trainees.