Clinical Radiology
The Royal College of Radiologists

Guidance on the recruitment and training of Clinical Radiology trainees expressing a preference for interventional radiology

1. Introduction

From 2022, applicants to Clinical Radiology (CR) who have an early interest in Interventional Radiology (IR) will have the option to preference posts with an Interventional Radiology interest at the ST1 recruitment stage. The purpose of this is to increase the visibility of the IR pathway for trainees who might otherwise opt for surgical specialties and to build on that interest in the first three years of CR training before they enter formal IR sub-specialty training.

2. Routes into IR sub-specialty training

There will now be two distinct routes into IR sub-specialty training.

1. Clinical Radiology (Intervention) from ST1

Trainees will be appointed to a post recognised as CR(I) from ST1 and will receive some increased exposure to IR training in the ST1-3 years. A trainee meeting all the required competences of the CR curriculum up to the end of ST3, will continue into an IR sub-specialty post from ST4 to ST6. In the event that a trainee on this route does not meet the required competences, changes their mind about specialising in IR, or does not show the necessary aptitude for an interventional career, they can revert to the CR pathway and complete training in CR.

2. Competitive entry at ST4

For trainees who either:

- do not opt for the CR(I) route at entry to training,
- or who are unsuccessful in being appointed to such a post at ST1, the option to enter IR specialty training from ST4 will remain.

This will operate in the same way it does currently with IR posts being appointed through a competitive process. Deaneries are expected to reserve a portion of their IR training capacity for this purpose.

3. Recruitment process

Recruitment into the CR(I) posts will be managed as part of the main ST1 recruitment process that is run by the HEE London recruitment office on behalf of MDRS. The application process will remain unchanged from previous years:

- Single application to clinical radiology to include self-assessment and upload of supporting evidence
- Applicants will sit the MSRA
- Interview slots offered to applicants according to MSRA rank and in line with interview capacity

- Verification of self-assessments and supporting evidence by radiology consultants
- Online interviews
- Ranking of applicants based on total scores from MSRA, self-assessment and interview

The ability to preference available posts opens following the interview process. At this point applicants will decide whether they wish to opt for the CR(I) pathway. All posts, both CR and CR(I), will be available to preference in a single list. Applicants can preference specific posts within regions and therefore will be able to opt whether to preference posts that are CR or posts that are CR(I) or both. The following is an example of how a trainee might preference posts. *Please note this is a very cut-down, simplified illustration, it does not exactly mirror what applicants see on the Oriel system.*

For the applicant in this example – they are interested in a CR(I) post and have preferenced that first and second, but preferences 3-5 are CR only suggesting they would rather train at Northwick Park or Imperial in CR only, than go elsewhere for a CR(I) post.

Region	**Training Programme**	**CR or CR(I)**	**Preference**
North West London	Northwick Park	CR	4
North West London	Northwick Park	CR	3
North West London	Northwick Park	CR(I)	1
North West London	Imperial	CR	5
North West London	Imperial	CR(I)	2
North West London	Chelsea & Westminster	CR	
North West London	Chelsea & Westminster	CR	
North West London	Chelsea & Westminster	CR	
Thames Valley	Oxford	CR	7
Thames Valley	Oxford	CR	8
Thames Valley	Oxford	CR(I)	6
East Midlands	East Midlands South	CR	
East Midlands	East Midlands South	CR(I)	9
West Midlands	Birmingham	CR	
West Midlands	North Staffordshire	CR	
Etc.	Etc.		

As in previous years applicants will only be offered posts they have preferenced. No one will be offered a CR(I) post who is not interested in IR and equally if an applicant only preferences CR(I) posts they will not be offered a CR post if no CR(I) posts are available for their ranking. This will be explicit in the preferencing instructions.

4. Delivery of training ST1-3

It is important to remember that trainees appointed to posts that are badged as CR(I) are still CR trainees. They will continue to train to the CR Curriculum during ST1-3 and are expected to meet all the required outcomes for those years of training, alongside gaining increased exposure to IR and demonstrating an aptitude for the speciality.

Supervision and support

CR(I) trainees will be assigned an Educational Supervisor who is an IR, who will work with the local IR Clinical Supervisor to coordinate and support increased access to early IR experience as detailed below.

If capacity exists, senior IR sub-specialty trainees should be encouraged to act as mentors to trainees on the CR(I) pathway.

Ideal ST1-3 training model

The model of how training is organised for CR(I) trainees during the first three years will depend on local structures, but the following key principles should be met wherever possible and should be the reasonable expectation of trainees on this pathway:

- Following successful completion of the FRCR Part 1 Examination, one session per week of IR training throughout the remainder of ST1 and the whole of the ST2 and ST3 years
- Either one rotation of 2-3 months in either ST2 or ST3, or two rotations of 6 weeks each in both ST2 and ST3 depending on what fits best with local training structures
- Signposting to and support for taking part in IR-related audit and research projects
- Facilitation of attendance at IR MDTs, clinics, and BSIR-run training events

Assessment of progress in IR

In order to ensure a smooth progression into sub-specialty training at ST4 for these trainees, it will be important to ensure that they are developing the necessary skills and aptitudes and to be able to identify those who may not be suited for IR in the longer term. To make an evidence-based assessment, the following evidence should be gathered during the ST1-3 years:

- A proportion of workplace-based assessments (WpBAs) carried out by the trainee should have an IR focus and include patient care
- As with all trainees, regular WpBAs with a number of different consultants should be encouraged to show development of skills and abilities
- CS reports from the IR CS who can give clear feedback on the trainee's time in dedicated IR sessions. If possible, feedback from a number of IR trainers/CSs should be gathered to create a full picture of a trainee's performance

The ES should regularly review the trainee's progress. Attention should be paid to both their IR exposure and practice and their progression against the requirements of the CR curriculum to ensure they are not falling behind their CR peers. If there is concern that an increased focus on IR is having a detrimental effect on their overall progression the ES and TPD should consider reducing the time spent in IR until the trainee has achieved the desired CR outcomes.

As for all CR trainees, and subject to any ARCP derogations in place at the time, CR(I) trainees will be expected to have successfully completed the Final FRCR Part A examination by the end of ST3, before progressing into IR sub-specialty training.

Managing trainees' expectations

It will be important for ESs and TPDs to manage the expectations of CR(I) trainees. An increased focus on IR exposure in ST1-3 is the aim of the pathway, but exactly how this is delivered will depend on local structures and capacity. This will need to be made clear to trainees at the start of their training and, at the very least, they should be given a plan of the IR-related training they can expect to receive prior to ST4. This plan should include an outline of number of sessions, likely timing of intended IR rotations and information on what additional IR-focussed support they can expect to receive.

Alongside information on what the trainee can expect should be a reminder that the increased focus on IR is not instead of other aspects of CR training. All competences, assessment requirements and milestones that are expected of CR trainees are also expected of CR(I) trainees and no trainee will be able to progress into IR sub-specialty training without meeting all curriculum requirements (subject to any ARCP derogations that may be in place at the time and applicable to all trainees).

5. Progression into IR Sub-Specialty training at ST4

Progression from a CR(I) post into IR sub-specialty training at ST4 is not absolutely guaranteed. There are a number of different scenarios for progression or non-progression into ST4 IR sub-specialty training.

Scenario 1: Trainee progressing well and showing IR aptitude

Assuming a trainee on the CR(I) pathway meets all the required competences of the CR curriculum up to the end of ST3 and their supervisors are content that they have demonstrated the necessary aptitude, they will continue into an IR sub-specialty post with a guaranteed Year 6. In this instance there should be no requirement for competitive application as the Year 6 post will have been identified and ringfenced for the trainee in question from ST1.

Scenario 2: Trainee showing IR aptitude but struggling to progress

As with any other trainee, if a CR(I) trainee is not progressing as expected and is not meeting curriculum requirements they cannot expect to progress directly into sub-specialty training. If the trainee remains enthusiastic and shows aptitude for IR they should still be able to enter IR sub-specialty training but only after completion of all ST3 requirements which may require additional training time. In this instance there should be no requirement for competitive application as the Year 6 post will have been identified and ringfenced for the trainee in question from ST1.

If, after additional training time to meet ST3 competences, the trainee is still struggling to progress it will be up to the TPD, in consultation with the supervisors and the trainee, to decide on whether remaining on the IR pathway is best for the trainee. If it is agreed that this is not the case the ringfenced IR Year 6 post will be released and become available for CR trainees to apply for.

Scenario 3: Trainee failing to show aptitude or ability for IR

Even if a trainee is otherwise progressing well, if they have struggled to develop fundamental IR skills during ST1-3 and it is clear they do not have the aptitude for the sub-specialty, following discussion they will be moved from the CR(I) pathway onto CR. A decision on this could be taken at any time during ST1-3 and ideally would be taken by early in ST3 with clear indication of this possibility raised at the transition ARCP from ST2-3.

In this situation it will be vital for supervisors and TPDs to ensure that the trainee understands the situation and is part of the decision-making process. A decision for the trainee not to progress into IR sub-specialty training should never be a surprise to the trainee. Supervisors should ensure there is evidence to support their decision. This should include workplace-based assessments that demonstrate the trainee's lack of progression with IR skills and evidence of feedback from trainers and clinical supervisors.

In the event of this happening the ST4-6 post will be released and become available for competitive entry by CR trainees.

6. Ensuring CR trainees are not disadvantaged

The new CR curriculum requires that by the end of ST3 all trainees have reached entrustment Level 2 (direct supervision) in image guided biopsies, drainage, and vascular access, as well as basic catheter/wire manipulation. To achieve this, every trainee, whether CR or CR(I), must have access to hands-on IR training. It is essential that increasing IR exposure for trainees on the CR(I) pathway does not prevent CR trainees from gaining this experience or from having an IR rotation.

Training programmes must carefully consider their capacity to deliver this training to all trainees when considering the number of CR(I) posts to submit into each recruitment round. It is also

expected that this be closely monitored to ensure there are no negative consequences for those trainees not on the CR(I) pathway.

7. Interventional Neuroradiology (INR) Training

INR training posts will generally not be included in the CR(I) pathway as most INR trainees approach it from a diagnostic neuroradiology route rather than an interventional one. However, INR Year 6 posts come from the same pool as IR posts do and therefore it is essential that training programmes ensure sufficient INR Year 6 posts are reserved for INR trainees to enter later in training through the same process as currently exists.

8. Paediatric Interventional Radiology Training

Paediatric IR (PIR) training posts will generally not be included in the CR(I) pathway as most PIR trainees approach it from a paediatric radiology route rather than an interventional one. However, paediatric IR training posts come from the same pool as IR posts do and therefore it is essential that training programmes ensure sufficient paediatric IR training posts are reserved for PIR trainees to enter later in training through the same process as currently exists.

9. Monitoring

The CR(I) pathway is being considered as a pilot programme and as such will be monitored closely. If you have any feedback, encounter any problems or unexpected consequences please email details to qatraining@rcr.ac.uk. The Training Team at the RCR will be contacting TPDs and Heads of School periodically to monitor progress.

January 2022