

## **FOCUSSED INDIVIDUALISED TRAINING (FIT)**

### **Introduction**

It is proposed that a small number of clinical radiology specialist registrars would benefit from identifying their individual sub-specialty ambition at an early stage in their training. Their training could then be delivered with that aim in mind. The principal difference would be that a rotation through their chosen sub-specialty would be undertaken early on in their training and studied in a part-time fashion for the remainder of their first four years. They would return to their chosen sub-specialty in Year 5. The same total curriculum (as described in *Structured Training in Clinical Radiology*) would be covered. The total duration of training and the proposed date for award of their CCST would remain unchanged. Such flexibility is very much in line with the concept of "Individualised Training Profiles" encouraged by the Regional Post-Graduate Deans.

### **Current Training**

- (1) Four years in rotations through various parts of clinical radiology, followed by
- (2) fifth year studying one or two sub-specialty areas in depth.
- (3) Final FRCR Examination during Years 3-4.
- (4) CCST after five years of satisfactory training.

### **Focussed Individualised Training**

- (1) Year 1 of general radiology but including
- (2) one rotation (4-6 months) in chosen sub-specialty followed by
- (3) rotations through various areas of clinical radiology while
- (4) maintaining minimal attachment (1-2 sessions per week) in sub-specialty.
- (5) Final FRCR Examination during Years 3-4.
- (6) Return to chosen sub-specialty in Year 5.
- (7) CCST after five years of satisfactory training.

### **Example**

- (1) A specialist registrar with a clear interest in pursuing a sub-specialty (eg a neurologist wishing to train as a neuroradiologist) might, currently, have to wait until Year 3 or 4 before it is their "turn" for the routine neuroradiology rotation.
- (2) Under the proposed scheme, such a trainee could do their routine neuroradiology rotation during Year 1.
- (3) This would be followed by standard rotations through the remainder of the specialist training curriculum (see *Structured Training in Clinical Radiology*).
- (4) The trainee would have to undergo the same annual assessments (RITAs) and examinations (FRCR) as all other trainees.
- (5) The total package of experience would be similar given that during the five years of training, the trainee could acquire the equivalent of two years of neuroradiology exposure (comprising experience during Year 1, part-time experience in Years 2-4 and Year 5 experience).
- (6) A sixth year of training should not be necessary.
- (7) Other examples include a former paediatrician with paediatric radiology in mind or someone with evidence to support a likely career in interventional radiology.

## **Progression**

This proposal has already been approved by the Education Board, by Regional Education Advisers, our Lead Dean and by various RCR sub-specialty groups. It has now been approved by the STA as a minor variation in the way in which training is delivered to a small number of clinical radiology specialist registrars.

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