

Clinical Radiology

Curriculum 2021



Clinical radiology ARCP decision aid and progression grids

Individual progress will be monitored by an annual review, the annual review of competency progression (ARCP). This facilitates decisions regarding progression through the training programme, as well as identifying any requirements for targeted or additional training where necessary. The following decision aid offers guidance on the domains to be reviewed and minimum expectations for progress. The decision aid should be used alongside the progression grids detailing the expected level of progress for the capabilities in practice (CiPs) at each stage of training.

There are two critical progression points in clinical radiology training. A critical progression point is a point in a curriculum where a learner transitions to higher levels of professional responsibility or enters a new or specialist area of practice, including successful completion of training. These transitions are often associated with an increase in potential risk to patients or those in training, so they need to be carefully managed and decisions to progress need to be based on robust evidence of satisfactory performance.

The critical progression point at ST3 marks the transition to special interest training or IR subspecialty training. To progress at this stage, it is important that trainees have the appropriate general radiology knowledge and capabilities to support the development of specialist skills, while maintaining and further developing their general radiology capabilities. To support this, trainees will be normally be expected to complete the FRCR 2A examination by the end of ST3. There may, however, be a small number of trainees who are performing very well and in whom their supervisors have every confidence but who have not (for a variety of reasons unrelated to their competence) yet passed the FRCR 2A examination. In such cases the ARCP panel may choose to allow the trainee to progress to ST4 and should ensure that individualised, supportive plans for this transition are in place.

Equally, there may be trainees who have passed FRCR 2A by the end of ST3, but in the opinion of their supervisors have not achieved the other necessary outcomes and milestones to the required level. Passing FRCR 2A alone is not sufficient to begin special interest or IR sub-specialty training and in these cases the ARCP panel may determine that the trainee should not progress, or should only do so with enhanced supervision.



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ARCP decision aid

Assessment		ST1	ST2	ST3		ST4	ST5	CCT			
Satisfactory workplace based assessments (minimum per year – pro rata for LTFT trainees)	mini-IPX	6	6	6		6	6				
	Rad-DOPS	6	6	6	int	6	6				
	MSF	1	1	1	od uoi	1	1	point			
	Teaching Observation	2	2	2	orogression point	2	2				
	QIPAT	1	1	1	pro	1	1				
	MDTA	Optional	Optional	Optional		2	2	Oritical progression point			
Clinical research		One research project undertaken during training, evidenced in Kaizen (e.g. by a research evaluation form or publication)									
Educational Supervisor's Report	Generic CiPs	Confirms trair	nee is meetina	or exceeding		Confirms train	Oritica				
	Specialty Specific CiPs	1	ations and no co	-		or exceeding and no c					
	Milestones & procedures	At ST3 confirms trainee has met the requirements to pass the critical progression point			Critical	At ST6 confirr met the requ completion					
Examinations		FRCR 1		FRCR 2A		FRCR 2B					

Progression grids

Generic CiP	ST1	ST2	ST3		ST4	ST5	CCT
Demonstrate the professional values and behaviours expected of all doctors as outlined in Good medical practice	4	4	4		4	4	
2. Successfully function within the health service and healthcare systems in the UK	2	2	2	point	3	4	point
3. Engage in reflection, clinical governance and quality improvement processes to ensure good practice		3	3	Oritical progression	3	4	Oritical progression
4. Engage in evidence-based practice and safeguard data, including imaging data	3	3	3	al pro	4	4	al prog
5. Act as a clinical teacher and supervisor	2	2	3	Critica	3	4	Critic
6. Work well within a variety of different teams, communicating effectively with colleagues and demonstrating the skills required to lead a team	2	3	3		3	4	

Specialty Specific CiP		ST2	ST3		ST4	ST5	CCT
7. Appropriately select and tailor imaging to patient context and the clinical question(s)	2	2	3		4	4	
8. Provide timely, accurate and clinically useful reports on imaging studies	2	2	3	int	3	4	int
9. Appropriately manage imaging examination lists/procedures according to clinical need and professional expertise	2	2	3	ssion point	3	4	Critical progression point
10. Evaluate image quality and utilise knowledge of imaging sciences to optimise image quality	2	2	3	Oritical progression	4	4	al progre
11. Safely manage the imaging and image-guided intervention needed to support emergency care	2	2	2	Critica	3	4	Critica
12. Effectively contribute an imaging opinion to a multidisciplinary team (MDT) meeting	1	1	2		3	4	

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Milestones and procedures	ST1	ST2	ST3		ST4	ST5	CCT
Basic image guided biopsy	1	2	2		3	4	
Basic image guided drainage	1	2	2		3	4	
Image guided vascular access and basic catheter / wire manipulation	1	2	2		2	2	
Contrast studies of lines and tubes	2	3	3		3	3	
Contrast studies of the GI and GU tract	1	2	3	int	3	3	int
Protocol and prioritise imaging referrals	1	2	3	Oritical progression point	4	4	Critical progression point
Independently report plain films to support the acute unselected take	2	3	3	gressi	4	4	gressi
Manage an ultrasound list to support the acute unselected take	2	3	3	al pro	4	4	al proç
Report CT examinations to support the acute unselected take	1	2	3	Critic	3	4	Critic
Report MRI examinations to support the acute unselected take	1	2	3		3	4	
FRCR 1 exam	X						
FRCR2A exam			Х				
FRCR 2B exam					Х		