



# Guidance for Resident Job Planning

Clinical and interventional  
radiology

# Contents

**01 Foreword.....3**

**02 Job planning guidance ..... 4**

General radiology training: ST1 ..... 4

General radiology training: ST2-3..... 4

Diagnostic Special Interest Training: ST4-5 ..... 5

Interventional Radiology (IR) Training (ST4-6)..... 5

Less than full time (LTFT) training ..... 6

**03 Example job plans .....7**

General radiology training: ST1 .....7

General radiology training: ST2-3.....7

Diagnostic Special Interest Training: ST4-5 ..... 8

Interventional Radiology (IR) Training (ST4-6)..... 8

**References .....9**

# 01

## Foreword

The Radiology Resident Doctors Forum (RRDF) has prepared this document to provide 4 nation guidance on how resident job plans and schedules should ideally be constructed to maximise training and learning opportunities, ensure equity of opportunity across the UK, and to prevent excessive service commitment which may lead to trainee burnout.

Clinical Radiology as a specialty has expanded rapidly over the last decade requiring a vast mix of skills and clinical knowledge. To meet the recommendations of the **Shape of Training Review**<sup>1</sup>, the **2021 Clinical Radiology Curriculum**<sup>2</sup> and **Interventional Radiology Subspecialty Curriculum**<sup>3</sup> place more emphasis on maintenance of general radiology and basic procedural skills; however, this must be balanced with special interest training requirements.

A crucial part of the resident job plan is self-development time (SDT), equivalent to the “supporting professional activities” sessions (SPA) allocation that many consultants will be familiar with. This is already provided in some training programmes but is not consistent in its application across the UK. A publication last year by the **Academy Resident Doctors’ Committee** (ARDC) of the Academy of Medical Royal Colleges (AoMRC)<sup>4</sup> concluded that SDT provides significant benefit to doctors in training and to the employing organisation and we strongly recommend the inclusion of SDT in resident timetables.

The following recommendations and templates are intended to be used as a guide and are not prescriptive. They should be adapted according to the educational needs of individual trainees and to fit regional training structures.

## 02

## Job planning guidance

### General radiology training: ST1

Resident timetables should include a mix of general radiology cold and acute sessions including:

- Ultrasound
- CT
- MRI
- Fluoroscopy
- Plain film reporting
- Procedural experience
- Interventional radiology sessions particularly in those **CR(I) posts**.

Teaching and SDT should include:

- Organised FRCR Part 1 Physics and Anatomy Teaching
- Local/Regional Teaching
- Self-development time as part of teaching programme.

### General radiology training: ST2-3

Resident timetables should include a mix of general and special interest radiology cold and acute sessions including:

- Ultrasound
- CT
- MRI
- Fluoroscopy
- Plain film reporting
- Radionuclide Radiology / General Nuclear Medicine
- On-call/acute sessions
- MDT
- Procedural experience
- Interventional radiology sessions particularly in those **CR(I) posts**.

Teaching and SDT should include:

- Preparation for FRCR Part 2A and 2B examinations
- Local/Regional Teaching – expectation of 1 day per week
- Self-development time.

Timetables should also consider mandatory post on-call time off and training time lost as zero days. Mitigation should be in place to prevent loss of training opportunities (eg distributing special interest sessions throughout the week).

## 02

## Job planning guidance

**Diagnostic Special Interest Training: ST4-5**

In line with the 2021 Clinical Radiology Curriculum, the suggested guidelines for the balance of special interest and general radiology training are as follows:

- ST4 – 40% special interest training and 60% general radiology skills
- ST5 – 60% special interest training and 40% general radiology skills.

It is important to note that general radiology skills can be developed in the context of special interest sessions as well as in dedicated general sessions, and that the percentage breakdowns stated are an indicative guide that should be adapted according to the educational needs of individual residents and regional training structures. This may need to be adjusted as training progresses to ensure residents are able to demonstrate the required curriculum capabilities for both general and special interest training.

General sessions should include:

- Plain film reporting
- On-call/acute/duty sessions (CT/MR).

Special interest sessions should include:

- Active participation in MDT
- Special interest cross-sectional imaging
- Various imaging modalities as applicable to chosen special interest, which may include radionuclide radiology/nuclear medicine, ultrasound, fluoroscopy, or image-guided procedural skills.

Teaching and SDT should include:

- Ongoing preparation for FRCR 2B until full FRCR achieved
- A minimum of half a day self-development time
- Further organised teaching opportunities.

Timetables should also consider mandatory post on-call time off and training time lost as zero days. Mitigation should be in place to prevent loss of training opportunities (eg distributing special interest sessions throughout the week).

**Interventional Radiology (IR) Training (ST4-6)**

In line with the 2021 Interventional Radiology Subspecialty Curriculum, it is suggested that IR residents should spend 70-75% of their time developing subspecialty skills, with 25-30% of their time focused on developing and maintaining general clinical radiology skills. It is important to note that general clinical radiology skills can be developed in the context of subspecialty sessions as well as in dedicated general sessions, and that the percentage breakdowns stated are an indicative guide that should be adapted according to the educational needs of individual residents and regional training structures. This may need to be adjusted as training progresses to ensure residents are able to demonstrate the required curriculum capabilities for both clinical radiology and IR subspecialty training.

Subspecialty sessions should include:

- Active participation in MDT
- Various imaging modalities
- IR Lists
- IR Duty Sessions (referrals, ward reviews and in-patient consenting)
- IR clinics.

# 02

## Job planning guidance

Teaching and SDT should include:

- Ongoing preparation for FRCR 2B until full FRCR achieved
- A minimum of half a day self-development time
- Further organised teaching opportunities.

Timetables should also consider mandatory post on-call time off and training time lost as zero days. Mitigation should be in place to prevent loss of training opportunities (eg distributing subspecialty sessions throughout the week). Regional variation will exist in transition from the diagnostic to IR on-call rota.

### Less than full time (LTFT) training

As described in the curriculum and **Gold Guide**<sup>5</sup>, LTFT residents should undertake a pro-rata share of all elements of training, with no detriment to teaching and SDT. Residents may undertake different proportions of whole-time equivalent training and timetables should be adapted accordingly however, guideline timetables for 80% LTFT have been provided as examples.

### Nuclear medicine training

The Joint Royal Colleges of Physicians Training Board (JRCPTB) are responsible for training in nuclear medicine, which leads to a dual CCT in clinical radiology and nuclear medicine. Nuclear medicine residents and their supervisors should refer to guidance for nuclear medicine training on the **JRCPTB website** when agreeing job plans.

Nuclear medicine residents undertaking training via the clinical radiology route may wish to use this guidance document referencing the sections on general radiology training and diagnostic specialist interest training to help guide training timetables.

## 03

## Example job plans

The timetables below are for guidance only and local arrangements and training setup may vary. Flexible working arrangements may be employed to help deliver training such as lists in evenings or teaching sessions spread over lunchtime sessions rather than all in one session. Some residents will train in a radiology academy environment where the structure may differ from below.

**Full time**

	Monday	Tuesday	Wednesday	Thursday	Friday
<b>AM</b>	Ultrasound	CT	Procedures/IR*	SDT	Teaching
<b>PM</b>	Plain Film	MR	Reporting (acute/cold)	Reporting (acute/cold)	Teaching

**80% LTFT/ACF**

	Monday	Tuesday	Wednesday	Thursday	Friday
<b>AM</b>	Ultrasound	CT/MR alternating	Non-working day/research	Procedures/IR*	Teaching
<b>PM</b>	Plain Film	Reporting (acute/cold)	Non-working day/research	SDT	Teaching

\* Procedures to include fluoroscopy or interventional radiology lists for those with a **CR(I) post**.

**General radiology training: ST2-3****Full time**

	Monday	Tuesday	Wednesday	Thursday	Friday
<b>AM</b>	Ultrasound	CT	Procedures/IR*	MDT	Teaching
<b>PM</b>	Plain Film	MR	Reporting (acute/cold)	Reporting (acute/cold)	SDT

**80% LTFT/ACF**

	Monday	Tuesday	Wednesday	Thursday	Friday
<b>AM</b>	Ultrasound	CT/MR alternating	Non-working day/research	Procedures/IR*	Teaching
<b>PM</b>	Plain Film	MDT	Non-working day/research	Reporting (acute/cold)	SDT

\* Procedures to include fluoroscopy or interventional radiology lists for those with a **CR(I) post**.

## 03

## Example job plans

## Diagnostic Special Interest Training: ST4-5

## Full time

	Monday	Tuesday	Wednesday	Thursday	Friday
<b>AM</b>	Special interest	Reporting (acute/cold)	Special interest /procedures	Special interest reporting/MDT prep	Special interest MDT
<b>PM</b>	SDT/Teaching	Special interest reporting	Reporting (acute/cold)	US/Procedures	Special interest

## 80% LTFT/ACF

	Monday	Tuesday	Wednesday	Thursday	Friday
<b>AM</b>	Special interest reporting/MDT prep	Reporting (acute/cold) alternating with special interest reporting	Non-working day/research	Special interest reporting	Special interest reporting
<b>PM</b>	Reporting (acute/cold)	Special interest MDT	Non-working day/research	Reporting (acute/cold)/procedures	SDT/Teaching

## Interventional Radiology (IR) Training (ST4-6)

IR sessions should include IR Lists, IR Duty Sessions and IR clinics. General reporting sessions should include plain film for residents who are yet to complete the FRCR 2B exam.

## Full time

	Monday	Tuesday	Wednesday	Thursday	Friday
<b>AM</b>	IR	General reporting (acute/cold)	IR	General reporting (acute/cold)	IR
<b>PM</b>	IR	IR	IR MDT	SDT/teaching	IR

## 80% LTFT/ACF

	Monday	Tuesday	Wednesday	Thursday	Friday
<b>AM</b>	IR	General reporting (acute/cold)	Non-working day/research	General reporting (acute/cold) Plain film pre-FRCR	IR
<b>PM</b>	IR	IR MDT	Non-working day/research	SDT/teaching	IR



## Acknowledgements

**Dr Aaron Taylor** – Chair, Radiology Resident Doctors Forum

**Dr Sophie Wilkinson** – Vice-Chair, Radiology Resident Doctors Forum

**Dr Shrilay Sinha** – Chair, Clinical Radiology Curriculum Committee

**Ms Louise Leon-Andrews** – Head of Workforce Development and Training

## References

<sup>1</sup> Professor David Greenaway. Securing the future of excellent patient care: Final report of the independent review Led by Professor David Greenaway. The General Medical Council, 2013.

<sup>2</sup> The Royal College of Radiologists. Clinical Radiology Specialty Training Curriculum. The Royal College of Radiologists, 2019.

<sup>3</sup> The Royal College of Radiologists. Interventional Radiology Specialty Training Curriculum. The Royal College of Radiologists, 2019.

<sup>4</sup> Academy Resident Doctors Committee. Standardising our approach to self-development time. Academy of Medical Royal Colleges, 2024.

<sup>5</sup> Gold Guide 10th Edition: A Reference Guide for Postgraduate Foundation and Specialty Training in the UK. Conference Of Postgraduate Medical Deans, 2024.

The Royal College of Radiologists  
63 Lincoln's Inn Fields  
London, WC2A 3JW, UK



The Royal College of Radiologists  
is a Charity registered with the  
Charity Commission No 211540.

+44 020 7405 1282  
enquiries@rcr.ac.uk  
rcr.ac.uk

📷 🐦 @RCRadiologists



The Royal College of Radiologists

The Royal College of Radiologists. Guidance for  
Resident Job Planning – Clinical and interventional  
radiology. London:

The Royal College of Radiologists, 2025.  
The Royal College of Radiologists is a Charity  
registered with the Charity Commission No,  
211540

© The Royal College of Radiologists,  
October 2025.

This material has been produced by The Royal  
College of Radiologists (RCR) for use internally  
within the specialties of clinical oncology and  
clinical radiology in the United Kingdom. It is  
provided for use by appropriately qualified  
professionals, and the making of any decision  
regarding the applicability and suitability of the  
material in any particular circumstance is subject  
to the user's professional judgement.

While every reasonable care has been taken to  
ensure the accuracy of the material, RCR cannot  
accept any responsibility for any action taken,  
or not taken, on the basis of it. As publisher, RCR  
shall not be liable to any person for any loss or  
damage, which may arise from the use of any  
of the material. The RCR does not exclude or  
limit liability for death or personal injury to the  
extent only that the same arises as a result of  
the negligence of RCR, its employees, Officers,  
members and Fellows, or any other person  
contributing to the formulation of the material.