Clinical Radiology Training Guide to Post Core Radiology

As there is a requirement for clinical radiology trainees to maintain their core competencies throughout their final years of special interest or subspecialty training, this document is aimed at providing practical guidance as to how trainees, training programmes and ARCP panels may manage this.

Trainees should familiarise themselves with the clinical radiology curriculum, assessment arrangements and other documentation requirements needed for the assessment of their progress (and the supporting educational review and planning processes).

All trainees are expected to maintain core competencies, as this reflects what is likely to be required by any practitioner performing acute imaging.

During the special interest years of training (4 – 5) and sub-specialty specific years of training (4 – 6), trainees will be required to demonstrate that they are maintaining core radiology skills and provide evidence for this.

The ARCP panel are required to confirm that enough core radiology practice has been carried out during the year being assessed.

This involves reviewing the evidence that trainees submit about their training, which may include:

- Workplace based assessments that fall outside of the special interest/sub speciality training requirements
- Reports and appraisal documents from the trainee's educational supervisor and clinical supervisor
- Reporting figures

Core competencies which must be maintained include:

- Plain film reporting
- General abdominal and pelvic ultrasound
- Spinal MRI
- Basic ultrasound-guided drainage procedures
- Basic fluoroscopy
- Taking acute and general imaging enquiries
- Emergency CT, eg CT pulmonary angiography, acute abdominal CT, cranial CT, trauma CT *(these should be different from the area of the trainee's subspecialty/special interest)*

Time commitment to maintaining core skills should be a minimum of 1/10 sessions plus a contribution to the general radiology on-call commitment. Less than full-time trainees will require a pro-rata commitment. The format of these general sessions can be determined locally and would include local requirements and expectations on the number of ultrasound, plain films required etc.