Radiology Curricula Updates - 2014

1 Introduction
The College has revised the training curricula for Clinical Radiology and Interventional Radiology. The revisions have been approved by the GMC.

Clinical radiology curriculum - the main changes are:
- a change to one minor point of the generic competencies at B2 – Written Records;
- revisions to the clinical radiology curriculum content at core, level 1 and level 2 and to the Scientific Basis of Imaging syllabus content to ensure currency and relevance to current practice;
- inclusion of a new curriculum section for Molecular Imaging;
- minor changes to clarify existing content to Section 3 - Support for Learning, Supervision and Feedback, Section 4 - Appraisal and Section 5 – Assessment;
- other general updates and revisions.

Interventional radiology subspecialty curriculum - The main changes are:
- revision of the interventional radiology specific content at Level 1 and Level 2 to ensure currency and relevance in line with current practice.

The changes and transition arrangements are described below.

2 Clinical Radiology

2.1 Summary
Please see above

2.2 Rationale
A regular review of the curriculum is necessary to ensure its relevance to current practice. Revisions have been made throughout to the generic content, the Scientific Basis of Imaging content and the radiology specific content, particularly to include a new section for Molecular Imaging. The opportunity has also been taken to clarify some existing sections of this curriculum.

2.3 Detail
Changes have been made to the Scientific Basis of Imaging content, Generic content at section B2 and the radiology specific content for breast, cardiac, emergency, GI, general and non-vascular intervention, head and neck, musculoskeletal, neuroradiology, oncological, paediatric, radionuclide, thoracic, uro-gynaecological and vascular radiology.

Other general changes have been made to content, in particular to Section 3, Support for Learning, Supervision and Feedback, to clarify on-call provision; Section 4 – Appraisal, to clarify ePortfolio competency sign-off; and Section 5 – Assessment, to clarify advice on WpBA requirements.

The most significant change is that a new section for Molecular Imaging has been added including core, level 1 and level 2 content as part of the indicative five year training programme.

Those who wish to specialise in Molecular Imaging are encouraged to gain additional experience in research. Although this is not mandatory for the award of a CCT, it is expected that such experience will have an important role in building an appropriate skill set for many who wish to specialise in this developing field.
3 **Interventional Radiology**

3.1 **Summary**

General revision of the interventional radiology specific content.

3.2 **Rationale**

A regular review of the curriculum is necessary to ensure its relevance to current practice.

3.3 **Detail**

Changes have been made to the general and non-vascular intervention, vascular intervention and interventional neuroradiology content.

Changes have been made to Section 7 – ARCP - to clarify advice on WpBA requirements.

4 **Transition Arrangements**

4.1 **Clinical Radiology**

Trainees have always been encouraged to transfer to the latest version of the curriculum at the earliest, suitable opportunity.

In line with GMC guidance, all trainees will be required to transfer to the 2014 curriculum from their next ARCP after 1st February 2015. The structure of training and assessment is unchanged and there are no additional assessment requirements to be considered.

The changes to the clinical radiology syllabus content are not such that we require trainees to revisit any previous stage of training. With particular respect to the new section on molecular imaging, we expect that trainees will have covered much core molecular imaging content during ST 1 and 2 especially in the knowledge section, much of which would be learnt for the First FRCR Examination.

The ability to undertake post-core training in level 1 and 2 molecular imaging will depend on the availability of training opportunities, and these are not yet in place. The College will be working to develop these now that the curriculum is approved.

The 2014 content changes to the Scientific Basis of Imaging syllabus are minor and not expected to affect the physics module of the FRCR Examination at present.

The 2013 content changes to the Scientific Basis of Imaging syllabus related to functional and molecular imaging are not expected to feature in the FRCR Examination until Spring 2016 at the earliest.

4.2 **Interventional Radiology**

Trainees have always been encouraged to transfer to the latest version of the curriculum at the earliest, suitable opportunity.

In line with GMC guidance, all trainees will be required to transfer to the 2014 curriculum from their next ARCP after 1st February 2015. The structure of training and assessment is unchanged and there are no additional assessment requirements to be considered.

Trainees will need to ensure that they have met any modified requirements of Level 1 and Level 2 areas of subspecialty training interest by the end of ST6. They will not be required to revisit or repeat training in any of the core radiology topics, but are reminded that it is a curriculum requirement to maintain core radiology competence throughout training.

5 **Consultation**

The RCR’s clinical radiology curriculum committee reviewed and recommended these changes to the Specialty Training Board (STB). The curricula were sent for approval to the GMC in August 2014 and the changes were approved by the GMC in October 2014.

The reviewed documents were considered and commented upon by the STB which includes a lay representative and a representative from the Junior Radiologists’ Forum (JRF). The curriculum
committee also includes a trainee representative and a lay representative. Comments were sought from the Lead Dean for clinical radiology, from NHS Employers (England) and from the devolved nations.

Suggestions for amendments to the anatomy, scientific basis of imaging and radiology specific content were sought from the Anatomy and Physics Working Groups and Special Interest Groups (SIGs), including the BSIR.

The proposed amendments were also circulated for comment to RCR regional specialty advisers.

November 2014