Radiology Curricula Updates

1 Introduction

The College has made revisions to the training curricula for Clinical Radiology and Interventional Radiology which have been approved by the GMC.

The main changes to the clinical radiology curriculum are:

- revision of the generic curriculum to ensure relevance in line with current practice, including changes to the competence descriptors and merging of some sections;
- revision of the radiology specific content at core, Level 1 and Level 2 and the anatomy syllabus at core, to ensure relevance in line with current practice;
- renaming of the Physics syllabus section to “Scientific Basis of Imaging” and inclusion into it sections related to functional and molecular imaging;
- introduction of a new WpBA, the MDT Assessment tool (MDTA);
- use of a Quality Improvement project as an alternative to clinical audit, in line with the “Beyond Audit” proposal endorsed by the GMC, COPMeD and the AOMRC;
- a more explicit requirement to maintain core competencies to the end of training;
- changes to competence level descriptors;
- other general updates and revisions.

The main changes to the interventional radiology sub-specialty curriculum are:

- the removal of duplications already present in the “parent” clinical radiology curriculum, so that the interventional radiology curriculum includes information specific to that higher training pathway;
- changes to competence level descriptors;
- revision of the interventional radiology specific content at Level 1 and Level 2 to ensure relevance in line with current practice;
- introduction of a new WpBA, the MDT Assessment Tool (MDTA)
- use of a Quality Improvement project as an alternative to clinical audit;
- a more explicit requirement to maintain core competencies to the end of training.

The changes and transition arrangements are described below.
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 anatomy and physics (now Scientific Basis of Imaging) content and the radiology specific content. The opportunity has also been taken to standardise some sections of this curriculum.

2.3 Detail

Added new sections and additions to existing sections:

Section 1.3 – Entry to and indicative period of training
Section 1.5 – Duration of training
Section 1.7 – Time out of training
Section 1.9 – How to use this curriculum - Levels of competence

Content changes made to the sections Scientific Basis of Imaging (formerly Physics), Anatomy, Generic content (including the revision of competence descriptors to remove Level 1 and Level 2 descriptors and reflect only “core” and “by completion of specialty training”), and the radiology specific content for breast, cardiac, emergency, GI, head and neck, musculoskeletal, neuroradiology, oncological, paediatric, radionuclide, thoracic, uro-gynaecological, vascular and academic radiology.

Changes have also been made to the original Radiological Procedural Skills section, in terms of content and its renaming to “General and non-vascular intervention”.

A Level 2 skill in general and non-vascular intervention training has been added: Perform optical imaging procedures of the GI tract for GI and biliary tract biopsy, drainage and stenting. We anticipate that training in this area will be undertaken by a very small number of trainees who wish to specialise in GI intervention and expect it to be deliverable to those trainees within their training period. It is therefore “optional” in line with other Level 1 and 2 areas of the curriculum.

A new WpBA tool has been introduced, the MDT Assessment tool (MDTA). This is optional for core trainees and mandatory for ST 4 and ST5. The MDTA tool will be added to the ePortfolio and is on our website on the WpBA page here http://www.rcr.ac.uk/content.aspx?PageID=1803

Other general changes have been made to content, particularly in respect of the maintenance of core competencies throughout training; use of a QI project as an alternative to formal clinical audit; the merging of several sections in the Generic curriculum to create one section for “Clinical Governance, Risk Management, Audit and Quality Improvement”; requirements for trainers; equality and diversity; curriculum development; the ARCP decision aid.

It is anticipated that the content changes to the the Scientific Basis of Imaging syllabus (formerly Physics) will feature in the FRCR Examination from Autumn 2015.
3 Interventional Radiology

3.1 Summary
Removal of large amounts of duplicated content.

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

3.3 Detail
Extensive deletion of duplicated information that already features in the clinical radiology curriculum.
Additions and amendments to existing sections:
Section 2 – purpose of the curriculum; training pathway; enrolment; duration of training.
Section 3.2 – Levels of competence
Section 7 – ARCP and the ARCP decision aid

Content changes made to the interventional radiology specific content – General and non-vascular intervention; vascular intervention; interventional neuroradiology.

A Level 2 skill in general and non-vascular intervention training has been added: Perform optical imaging procedures of the GI tract for GI and biliary tract biopsy, drainage and stenting. We anticipate that training in this area will be undertaken by a very small number of trainees who wish to specialise in GI intervention and expect it to be deliverable to those trainees within the three year subspecialty training period. It is therefore “optional” in line with other Level 1 and 2 areas of the curriculum.

A new WpBA tool has been introduced, the MDT Assessment tool (MDTA). This is mandatory for trainees at ST4, 5 and 6. The MDTA tool will be added to the ePortfolio and is on our website on the WpBA page here http://www.rcr.ac.uk/content.aspx?PageID=1803. Other general amendments have been made including the sections on curriculum development and review.
4 Consultation

The RCR’s clinical radiology Curriculum Committee reviewed and recommended these changes to the Specialty Training Board (STB). The curriculum was sent to the GMC in May 2013 and fully approved by the GMC in January 2014.

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

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 presented to the RCR regional specialty advisers and the JRF.

5 Transition Arrangements

5.1 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 2013 curriculum from their next ARCP after 1st February 2014. The structure of training and assessment is unchanged and there are no additional assessment requirements to be considered, other than the MDTA which is optional for ST1-3 and mandatory for ST4-5. We do not expect the requirement for completion of two MDTAs in ST4-5 to take effect until after August 2014, though we encourage their use now.

It is anticipated that the content changes to the Scientific Basis of Imaging syllabus (formerly Physics) will feature in the FRCR Examination from Autumn 2015.

The changes to the clinical radiology syllabus content are not such that we require trainees to revisit any previous stage of training.

5.2 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 2013 curriculum from their next ARCP after 1st February 2014. The structure of training and assessment is unchanged and there are no additional assessment requirements to be considered other than the MDTA which is mandatory for ST4-6. We do not expect the requirement for completion of two MDTAs in ST4-6 to take effect until after August 2014, though we encourage their use now.

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.

January 2014