

## **Interventional radiology (IR) and interventional neuroradiology (INR) guidelines for training programme directors**

### **Introduction**

If you have trainees who may be considering transferring to the IR curriculum in order to gain subspecialty recognition, the following guidelines will help to ensure that all of the training undertaken is properly approved and reviewed.

The process of transferring a trainee to subspecialty training has often been informal and locally led. This has often resulted in issues around inequality and lack of transparent recruitment and use of non-approved training locations.

The General Medical Council (GMC) issues [guidelines](#) on trainee recruitment and approval of training locations and this guide summarises those requirements and the process for registering a trainee as undertaking IR training.

### **Recruitment to subspecialty training**

The GMC standard states that the process for recruitment, selection and appointment to subspecialty training must be open, fair and effective to ensure that there is equity for trainees. The recruitment process can be locally managed. Posts may be advertised nationally if required but there is no requirement to do so. Management of the delivery of training should remain local to ensure that opportunities are identified and developed.

Recruitment must be competitive with a fair, transparent (published) and open selection process against a nationally agreed person specification. The Royal College of Radiologists (RCR) has worked with the British Society of Interventional Radiologists (BSIR) and the British Society of Neuroradiologists (BSNR) to develop and agree a national person specification for recruitment into ST4 IR/INR subspecialty training posts. ([Person Spec](#))

It is recognised that these posts can vary quite considerably so effort has been taken to keep the person specification as generic as possible to allow for maximum flexibility, while still setting out the key eligibility and selection criteria that should apply to all. This person specification should now be used for recruitment into every IR/INR subspecialty training post.

## Annual review of competency progression (ARCP) requirements

A separate independent ARCP outcome is to be recorded for the subspecialty training. This does not require a separate ARCP meeting to be held, but there must be appropriate input into the decision.

The same ARCP form that is used for clinical radiology can be used for IR/INR posts. This form has been adapted slightly to include a tick box to meet the subspecialty requirement. It is unlikely that differential outcomes would be demonstrated for CR and IR progress.

## Approval of subspecialty training locations

Subspecialty training must be carried out in locations approved for the subspecialty by the GMC. A current list of approved subspecialty locations can be found at [approved programme and sites](#). Programmes wishing to add new subspecialty training locations will need to seek approval via their HEE local office/deanery.

## Recording of subspecialty

The College MUST be informed that a trainee has been appointed to a subspecialty IR/INR post as soon as possible after the start of the trainee's fourth year. Training programme directors must email [training@rcr.ac.uk](mailto:training@rcr.ac.uk) with a completed notification statement (appendix 1).

The RCR will inform the GMC of the subspecialty entitlement and add the trainee to the register of IR/INR trainees held at the College. Retrospective inclusion will not be granted. Gaining recognition of previous special interest training is not possible, as any training carried out would have been under the recognition of the clinical radiology curriculum and not the IR curriculum.

## Certificate of completion of training (CCT) applications

The College will extend the trainee's CCT date by twelve months to cover the additional year of training once informed of the intention to move to the IR curriculum. The College recommends that both the CCT and subspecialty recognition are applied for simultaneously at the end of the sixth year of training.

## Pre-CCT

Trainees who decide to cease their subspecialty training prior to the sixth year completion date will revert back to a clinical radiology CCT only. Their CCT date will also revert back to the date set prior to embarking upon the sub-specialty.

Since 2014 the GMC have imposed a time limit on CCT applications. Doctors are required to submit their applications within twelve months of their completion date in order to qualify for a CCT. After this point, they will be required to use the Certificate of eligibility for specialist registration (CESR) route to apply directly to the GMC if they wish to attain specialist registration. If a trainee ceases subspecialty training, this time limit will apply from their original CCT date, not from the date they cease subspecialty training.

## **Post CCT requests/ requests for subspecialty recognition following special interest training only.**

It is possible to obtain subspecialty recognition after award of CCT and specialist registration in CR.

To be eligible, the trainee would have to be recruited to and complete an approved three year subspecialty training post following the subspecialty curriculum. This has to be within a subspecialty training post approved by the GMC or a subspecialty training post approved by the competent authority overseas. Experience from non-training posts cannot be considered and United Kingdom and overseas training cannot be combined, it has to be one or the other.

The application guidance is available here: <http://www.gmc-uk.org/doctors/SubSpec.asp>

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