

ENHANCED INTERVENTIONAL RADIOLOGY TRAINING PROPOSAL **(YORKSHIRE AND THE HUMBER SCHOOL OF RADIOLOGY)**

A high proportion of trainees applying for radiology specialty training come into radiology with an interest in pursuing interventional radiology as a potential career option. However, as they progress through radiology training, the majority change their interest and opt for alternative specialty areas within radiology. The reasons for this 'migration' of interest are multifactorial, but the lack of early and sustained exposure to IR during core years of training is felt to be one of these. At the RCR IR Committee, there is a desire to identify and nurture those trainees who have an IR interest by providing an enhanced IR experience from the outset of their training. This proposal is for a pilot in Yorkshire and the Humber with a plan to expand it across the UK if there is positive trainee experience and feedback. The proposal also aims to address the peaks and troughs of IR interest that naturally occur. Currently, allocation to IR training is constrained by the limited number of funded ST6 posts available in the region (3 each in West and South, 2 in East). As a result, if there are more trainees wishing to do IR in any particular year than available IR 'posts', there is an artificial cap on trainees moving into IR, despite the availability of training capacity.

Trainees will be asked to make their interest in IR known when they commence radiology training at ST1. These trainees will have an IR consultant allocated as their Educational Supervisor, who will help co-ordinate their IR experience, in conjunction with the local IR Clinical Supervisor. They will be provided with one session of IR training per week during ST1 and throughout core training, once they had successfully passed their Part 1 FRCR exams. They will be signposted to available IR related research/audit projects post Part 1 exams. They will also be allocated a 3 month IR slot on the rotation early in their ST2 year (ideally during the first 6 months) and a further slot during ST3 (the latter assuming they are achieving the required competencies in other areas of radiology training).

At the end of ST3, they will apply for an IR training number (as is the case currently), which will be appointed through competitive interview. If they are successful, they will move onto the IR curriculum and will be guaranteed their ST6 year of training, together with IR on call during ST6. If unsuccessful (or if no IR training number is available in a particular year), but they are appointable, they will be considered for IR training if there is capacity within the overall radiology training scheme to accommodate them during ST6. In this scenario they will be guaranteed an ST6 year of training but without the guarantee of IR on call during ST6. In the latter scenario the local training scheme will take one less trainee at ST1 when the IR trainee reaches their ST6 year. The current planned increase in Radiology Programmes throughout the School should help to facilitate this approach.

The proposal will require each locality scheme to define what the training capacity is in IR and the maximum number of trainees for whom training can be provided (this will be determined by the current curriculum mapping exercise). This way training in IR will be limited by available training capacity and distribution of trainees within the overall training schemes, and not solely by the availability of a funded ST6 year.

Formal feedback will be gathered from trainees going through the pilot to feed back to the RCR IR Committee. A statement will be put on the School website to highlight the enhanced IR training available in Y&H for prospective applicants to radiology.