



Training of Existing Consultants in Interventional Radiology

The BSIR receives queries and requests for advice about re-training in interventional radiology for consultants already in post. These may come directly from internal processes within a Trust or via a GMC investigation and undertakings. The BSIR, as an organisation, is not in a position to validate training or competency in these situations. It is not possible to try to set up a fixed system, as there are likely to be very different requirements depending on the existing activity of the consultant and the training needs for individuals who might wish to do this will be very variable.

Hospital Trusts may, after internal processes, require external support and / or advice regarding matters such as assessment of an individual's competency. In such situations the options include contacting the National Clinical Assessment Service (NCAS) or using the principles within this document. Any support given in a particular situation is voluntary; activity and funding will need to be agreed with the individual and the referring Trust.

NCAS, established in 2001, works to resolve concerns about practice of doctors by providing case management services to health organisations and to individuals practitioners. The aim of NCAS is to work with all parties to clarify the concerns, understand what is leading to them and make recommendations to help practitioners return to a safe place.

In situations where a formal GMC investigation has recommended undertakings then matters should be discussed with the Responsible officer (or nominated deputy) at the employing Trust to define the process by which an individual can obtain the appropriate supervision or retraining (see GMC document DC6535_Information_for_doctors_who_have_undertakings_or_conditions_that_affect_their_practice_5 8388105.pdf).

However based on successful approaches that have been completed in some institutions the following principles apply:

1. The training time required should not be underestimated and back-filling of existing consultant clinical work may be required.
2. Training should not interfere with the training requirements of trainees.
3. Training should be based on the current RCR IR curriculum which is available from the RCR website.
4. The duration, parameters and formal assessment process for the period of supervision / retraining should be defined prior to commencement.
5. The individual should be clear of his or her requirements during the period of

- supervision / re-training and goals should be clearly defined.
6. An initial baseline assessment should be performed.
 7. Training and assessment should be undertaken by existing consultant trainers, ideally with an experienced external interventional radiologist reviewer.
 8. Training may occur within the department of employment but at least some experience should be gained at a separate department with external assessments. This may need to be arranged and funded by the Trust.
 9. The amount of training an existing consultant will require depends on the current activity of that consultant as there may be elements of skill transferability.
 10. A detailed logbook of activity and engagement with standard good clinical governance mechanisms of audit, morbidity and mortality meetings should be included.
 11. Consultants should consider attendance at the BSIR Advanced Practice Course and / or CIRSE training courses.
 12. Consultants who are retraining across the breadth of IR should consider undertaking the EBIR examination. Criteria and syllabus are available at www.cirse.org.
 13. The requirements of continuing practice should be explicitly met by appraisal and revalidation mechanisms.

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