SPECIALTY TRAINING PROGRAMME IN CLINICAL RADIOLOGY
HEALTH EDUCATION WESSEX
PORTSMOUTH SCHEME

This is a 5 year training programme in **Clinical Radiology** at **ST1** aimed at doctors who can demonstrate the essential competences to enter this level of training. The programme is designed to support training for a CCT in **Clinical Radiology**. Details of essential competences and qualifications are detailed in the MMC person specification for **Clinical Radiology** at **ST1** which is available from [http://specialtytraining.hee.nhs.uk/](http://specialtytraining.hee.nhs.uk/)

It is anticipated that this training programme will support a CCT, CESR or CESR/CP in Clinical Radiology subject to satisfactory outcome of the Annual Review of Competence Progression (ARCP). The programme is based in hospitals in Health Education Wessex including:

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Base Hospital</td>
<td>Queen Alexandra Hospital</td>
</tr>
<tr>
<td>Some core experience rotating to</td>
<td>Southampton General Hospital</td>
</tr>
<tr>
<td>(Paediatric and Cardiac Radiology)</td>
<td>St Richards Hospital</td>
</tr>
<tr>
<td>Kings College Hospital</td>
<td>Kings College Hospital</td>
</tr>
<tr>
<td>(Neuroradiology)</td>
<td></td>
</tr>
<tr>
<td>Other experience available in years 4/5 at</td>
<td>Basingstoke and North Hampshire Hospital</td>
</tr>
<tr>
<td>Basingstoke and North Hampshire Hospital</td>
<td>The Royal Bournemouth Hospital</td>
</tr>
<tr>
<td>Poole Hospital</td>
<td>Poole Hospital</td>
</tr>
<tr>
<td>Salisbury District Hospital</td>
<td>Salisbury District Hospital</td>
</tr>
<tr>
<td>Royal Hampshire County Hospital</td>
<td>Royal Hampshire County Hospital</td>
</tr>
</tbody>
</table>
Health Education Wessex is responsible for the planning, development, education and training of the healthcare and public health workforce across Hampshire, Dorset, Isle of Wight and Salisbury. We also provide medical training for the States of Jersey and GP appraisal services for Jersey and Guernsey. We believe that the key to improving the health and healthcare of the 2.8 million people living in Wessex is investment in the skills and values of the 52,000 people working in the NHS and in primary care.

Within the field of postgraduate medical education and training, we manage across primary and secondary care for these health communities – totalling around 2,400 doctors in training at any one time across 12 Trusts and 160 GP practices. In addition, we support the workforce development for GP Practice Nurses and Public Health practitioners as well managing a bespoke GP appraisal service for established GP Practitioners to meet the requirements for revalidation in accordance with the statutory requirements set by the General Medical Council.

We manage training programmes for postgraduate medical training according to the statutory standards set by the General Medical Council (GMC) and have responsibility for establishing and maintaining quality management systems for all posts and programmes as required by the GMC.

The work of the Deanery is guided by the principles embedded within the NHS constitution.

**Rotation Information**

This is a five year training programme leading to accreditation for the CCT by the Royal College of Radiologists / GMC. Courses are run for both parts of the FRCR. A Radiology Film Museum, a library and computer based teaching aids are available. There is a well-equipped postgraduate medical education centre at Queen Alexandra Hospital. There are educational activities almost every day for all groups of trainees at all stages of their careers. There are also departmental teaching sessions, and intensive pre-examination practice sessions are held prior to the Final Fellowship Examination.
Years 1 to 3

The course begins in August with a one week departmental induction course. This allows the trainees to visit the various departments and to meet many of the staff. In the rest of the first year trainees rotate through 3 one month attachments in General Radiology (including an introduction to many of the core techniques of radiology) followed by 3 three month attachments in CT/Oncology, Musculoskeletal Radiology (the aforementioned attachments are in the base hospital Queen Alexandra Hospital, Portsmouth) and St. Richards Hospital, Chichester (a recently introduced attachment in 2013 for additional General Radiology training and experience particularly in General Ultrasound). There are comprehensive lecture programmes in Southampton, shared with Southampton trainees, leading up to the modules of the Examination for the First Part of the Fellowship of the Royal College of Radiologists. For the next two years, trainees take part in a programme of 6 four month attachments. These are based at Queen Alexandra Hospital apart from part of the Paediatric and Neuroradiology attachments in year 3 which are split with Southampton General Hospital and Kings College Hospital, London respectively. There is a programme of tutorials and film-viewing sessions for the second and third year trainees. Some of these are full days of lectures and practical sessions based around each modality or specialty. Others are held on Tuesday afternoons, split between Southampton and Portsmouth. A second study session may be made available each week, at the discretion of the Rotation Supervisor, for targeted research or study.

Years 4 and 5

Attachments in these years are based in Portsmouth, but there is also interchange between Portsmouth and the hospitals involved in the Southampton based scheme. The aim is to provide a flexible combination of further general radiology training and experience in the trainee’s chosen sub-specialty/specialties in keeping with the RCR 3+2 training structure. Depending on the subspecialty, training is offered to level 1 or level 2 competency in the RCR 2010 Radiology curriculum structure (For further information please see www.rcr.ac.uk). These attachments are very flexible and can be tailored to an individual trainee’s requirements, following discussion with the Training Programme Director and relevant trainers. Appropriate time is allocated for personal study and flexible training attachments.
On-Call Arrangements

First year trainees sit ED reporting tests during the first 6 months and commence ED reporting if successful. There is no on call commitment in the first year.

In the second year, trainees shadow a more senior trainee on call for 8 months from August during which they undergo continuous formative assessments with on call related workplace based assessments recorded on their e-portfolio. As they become more experienced they more frequently take primary responsibility for on call referrals. They sit an in-house assessment of on call competence after 8 months of shadowing a more senior trainee and commence full on call if successful. The Training Committee’s decision to move a trainee to full on call is based on a combination of performance in the continuous assessments on the e-portfolio and the in-house assessment of on call competence usually done around April. On call is currently based on a 1 in 9 non resident partial shift rota.

Study and Training

The primary aim of all posts is training and there is a region wide syllabus and minimum standards of education agreed by all Trusts within the rotation.

The Deanery is committed to developing postgraduate training programmes as laid down by PMETB, Colleges and Faculties and by COPMED - the Postgraduate Deans Network. At local level college/specialty tutors work with the Programme Director and Directors of Medical Education in supervising these programmes. Trainees will be expected to take part in these programmes (including audit) and to attend meetings with their nominated educational supervisor.

All posts within the training programme are recognised for postgraduate training by the General Medical Council (GMC) in accordance with their standards for training.

Study leave is granted in accordance with Deanery/Trust policy and are subject to the maintenance of the service.

All posts have a service element and the following covers the majority of duties. There will be minor variations in different hospitals but this list is aimed at covering the majority of duties:

1. Undertake imaging procedures, supervise and report imaging studies as
appropriate to your level of competence and to the specialist area to which you are attached.

2. Study for higher examination and maintain continued professional development.

3. Attend weekly educational and multidisciplinary sessions.

4. Undertake audit at various times throughout the rotations.

5. Teach medical students as directed.

6. Co-operate with members of the personnel department when monitoring hours of work and other personnel issues.

7. Attend induction in each hospital or new department

8. Comply with all local policies including dress code, annual and study leave

Trust Information

Portsmouth Hospitals NHS Trust serves a local catchment population of approximately 650,000. It also houses the Wessex regional Renal unit. Several specialties operate within multidisciplinary teams combined with Southampton, Chichester and the Isle of Wight. Most military services previously located at Royal Hospital Haslar have now relocated to Birmingham, but some military service is retained locally in Portsmouth, as an MDHU within the local trust.

The Radiology department undertook 275,683 examinations in 2010/11. The Department’s annual expenditure budget is approximately £12m. with a whole time equivalent staffing establishment of 200. Within this establishment there are 22 (20.35 Whole time equivalent) consultants, 151 radiographic, 10.36 nursing, 32 admin and clerical and 3 IT staff.

16 consultants contribute to general radiology reporting, ultrasound cover, acute CT and on call. All consultants also work within a subspecialty field, with between 2 and 5 consultants working within each of the following multidisciplinary teams: Oncology, Musculoskeletal, Pediatrics, Vascular and Interventional, Chest, Head and Neck/Neuro, Gastrointestinal, GU/Urology, Breast Radiology and Nuclear medicine. There is one Nuclear Medicine physician and one Breast Physician.
CLINICAL RADIOLOGY DEPARTMENTS

Queen Alexandra Hospital

Since July 2009 almost all services of Portsmouth Hospitals NHS trust have been delivered from the Queen Alexandra site following completion of new hospital facilities. The new build contains the elective/out-patient Radiology facilities. The older facilities at QA have been redeveloped, with new facilities including enlarged meeting rooms and new trainee facilities and library. This work was completed in August 2010.

The Elective department comprises 6 digital X-ray rooms, 1 digital fluoroscopy room, 4 Ultrasound rooms. The Paediatric department has 2 digital X-ray rooms and one ultrasound room. The Dental imaging department houses 1 digital OPG and Ceph machine, 2 digital intra oral machines and a Cone Beam CT scanner. There are 2 CT scanners, 4 slice and 40 slice and a 1.5T MRI scanner. Nuclear Medicine comprises 4 rooms, 2 with SPECT gamma cameras, one with SPECT/CT and the other with PET/CT (awaiting commissioning. Service currently provided at Spire Hospital, Southampton).

The older redeveloped acute department has 1 128 slice CT, 1 1.5T MRI scanner, 2 ultrasound rooms, 2 digital radiography rooms, 1 digital fluoroscopy room, 1 interventional ultrasound/lithotripsy room and 2 interventional suites, one equipped to theatre standard for combined surgical/radiological procedures. There is a 9 bedded Radiology Day Case Unit, with Radiology staff responsible for pre-assessment and care of patients from admission to discharge. The emergency department has 1 digital and one CR X-Ray room and the paediatric ED has a dedicated digital imaging suite. The imaging department also supports 6 digital image intensifiers in theatres, CCU and Gastro.

Curriculum

All areas of the core curriculum, as required by the Royal College of Radiologists www.rcr.ac.uk, are covered during the first three years of the training programme, with attachments based in Portsmouth, rotating for short periods to Southampton and Kings College Hospital, London. Subsequently, consolidation of general
radiology experience is combined with development of specialist radiology skills depending on the trainee’s chosen sub-specialty.

Teaching

Formal teaching programmes are run throughout the 5 year training period. In the first year, lectures in physics and anatomy cover the RCR curriculum in preparation for the modules of the first part of the FRCR examination, together with lectures and practical sessions in radiographic techniques and procedural radiology. In the second and third years there is a comprehensive lecture programme, covering all aspects of the curriculum in preparation for the part 2A FRCR examination, and a separate preparatory course for the final part (2B) examination. There is also a program of post-FRCR teaching, comprising a series of study sessions held on various aspects of the role of the consultant, structure and function in the NHS etc. This is designed to supplement the regional professional development course, which is run by the Wessex deanery throughout the 5 year training programme.

Main Conditions of Service

The posts are whole-time and the appointments are subject to:

1. The Terms and Conditions of Service (TCS) for Hospital Medical and Dental Staff (England and Wales)
2. Satisfactory registration with the General Medical Council
3. Medical Fitness – You may be required to undergo a medical examination and chest x-ray. Potential applicants should be aware of the Department of Health and GMC/GDC requirements with regards to HIV/AIDS and Hepatitis viruses. Candidates must be immune to Hepatitis B. You will be required to provide, in advance of appointment, evidence of immunity or have a local blood test (as deemed necessary by the Occupational Health Department)
4. Right to work in the UK
5. Criminal Records Check/POCA check carried out by the Trust Medical HR department.
6. Pre-employment checks carried out by the Trust Medical HR department.
Hours

The working hours for junior doctors in training are now 48-hours averaged over 26 weeks (six months). Doctors in training also have an individual right to opt-out if they choose to do so, but they cannot opt-out of rest break or leave requirements. However, the contracts for doctors in training make clear that overall hours must not exceed 56 hours in a week (New Deal Contract requirements) across all their employments and any locum work they do: http://www.nhsemployers.org/your-workforce/need-to-know/european-working-time-directive.

Pay

You should be paid monthly at the rates set out in the national terms and conditions of service for hospital medical and dental staff and doctors in public health medicine and the community health service (England and Wales), “the TCS”, as amended from time to time. The pay scales are reviewed annually. Current rates of pay may be viewed at: http://www.nhsemployers.org/your-workforce/pay-and-reward/pay/agenda-for-change-pay. Part-time posts will be paid pro-rata.

Pay supplement

Depending upon the working pattern and hours of duty you are contracted to undertake by the employer you should be paid a monthly additional pay supplement at the rates set out in paragraph 22 of the TCS. The current pay scales may be viewed at: http://www.nhsemployers.org/. The pay supplement is not reckonable for NHS pension purposes. The pay supplement will be determined by the employer and should be made clear in their offer of employment and subject to monitoring.

Pension

You will be entitled to join or continue as a member of the NHS Pension Scheme, subject to its terms and rules, which may be amended from time to time.
Annual leave

Your entitlement to annual leave will be five or six weeks per annum depending upon your previous service/incremental point, as set out in paragraphs 205 – 206 of the TCS.


Sick pay

Entitlements are outlined in paragraphs 225-240 of the TCS.

Notice

You will be required to give your employer and entitled to receive from them notice in accordance with paragraphs 195 – 196 of the TCS.

Study leave

The employer is expected to offer study leave in accordance with paragraphs 250 – 254 of the TCS. Local policy and procedure will be explained at your induction.

Travel expenses

The employer is expected to offer travel expenses in accordance with paragraphs 277 – 308 of the TCS for journeys incurred in performing your duties. Local policy and procedure will be explained at induction.

Subsistence expenses

The employer is expected to offer subsistence expenses in accordance with paragraph 311 of the TCS. Local policy and procedure will be explained at induction.
Relocation expenses

The employer will have a local policy for relocation expenses based on paragraphs 314 – 315 of the TCS and national guidance at: [http://www.nhsemployers.org/your-workforce/pay-and-reward/nhs-terms-and-conditions/junior-doctors-dentists-gp-registrars](http://www.nhsemployers.org/your-workforce/pay-and-reward/nhs-terms-and-conditions/junior-doctors-dentists-gp-registrars). You are advised to check eligibility and confirm any entitlement with the employer before incurring any expenditure. In addition to local policy there is Deanery guidance which can be viewed on [www.wessexdeanery.nhs.uk](http://www.wessexdeanery.nhs.uk)

Pre-employment checks

All NHS employers are required to undertake pre-employment checks. The employer will confirm their local arrangements expected to be in line with national guidance at: [http://www.nhsemployers.org/your-workforce/recruit/employment-checks](http://www.nhsemployers.org/your-workforce/recruit/employment-checks).

Professional registration

It will be a requirement of employment that you have professional registration with the GMC for the duration of your employment.

Health and safety

All employers have a duty to protect their workers from harm. You will be advised by the employer of local policies and procedures intended to protect your health and safety and to comply with these.

Disciplinary and grievance procedures

The employer will have local policies and procedures for dealing with any disciplinary concerns or grievances you may have. They will advise you how to access these, not later than eight weeks after commencement of employment.
Educational supervisor

The employer will confirm your supervisor on commencement.

General information

Health Education Wessex’s management of Specialty Training programmes, including issues such as taking time out of programme and dealing with concerns or complaints, is available at [www.wessexdeanery.nhs.uk](http://www.wessexdeanery.nhs.uk) and in the national ‘Gold guide’ to Specialty Training at: [http://specialtytraining.hee.nhs.uk/news/the-gold-guide/](http://specialtytraining.hee.nhs.uk/news/the-gold-guide/).