

HONG KONG COLLEGE OF RADIOLOGISTS

Higher Training (Radiology)

Subspecialty Training in Head & Neck Radiology

[This document should be read in conjunction with the *General Guidelines on Higher Training (Radiology)*]

1. INTRODUCTION

- 1.1 Head & Neck Radiology is now a well-established subspecialty of radiology in many parts of the world especially in Europe and America. It provides imaging support to Head & Neck surgeons, ENT surgeons, Dentists, Maxillofacial surgeons and Oncologists.
- 1.2 Training in Head & Neck radiology can be further enhanced by experience in other subspecialties such as Neuroradiology (skull base imaging), Oncology, Paediatric radiology (paediatric head & neck lesions) and Interventional radiology (biopsy techniques, abscess aspiration and vascular intervention).
- 1.3 Head & Neck Radiology is a category A subspecialty.

2. OBJECTIVES

- 2.1 The main aim of the subspecialty program in Head and Neck is to expose a general radiologist to:
 - (a) A more in-depth exposure to imaging, pathology, oncology and clinical aspects of abnormalities in the Head & Neck.
 - (b) A better understanding of the advantages, disadvantages and limitations of the commonly used modalities in evaluating lesions in the Head & Neck.
 - (c) Performance and interpretation of imaging and image guided procedures independently, and confidently, and be able to discuss the findings and their clinical implications with the referring clinician.
 - (d) Improved case presentation skills and familiarization with basic analytical and research methods.
- 2.2 Following training in the Head & Neck specialty the trainee should be able to independently deal with the imaging aspects of the common Head & Neck lesions and have a sufficient insight to facilitate the choice of future subspecialty.

3. TRAINING REQUIREMENTS

3.1 TRAINING CENTER REQUIREMENTS

- 3.1.1 The training program can be offered only by those institutions that have well established
- (a) Departments performing Head & Neck surgery by dedicated Head & Neck surgeons or ENT surgeons or Maxillofacial surgeons.
 - (b) Clinical Oncology Department.
 - (c) Pathology Department.
 - (d) Regular Clinico-Radiological Conference (preferably weekly, discussing at least 5-6 cases each week) with a surgeon, radiologist, and oncologist in attendance (also a pathologist if possible).
- 3.1.2 The department should be equipped with:
- (a) Spiral CT.
 - (b) Ultrasound machines equipped with high resolution transducers with Doppler capabilities.
 - (c) MR scanner.
 - (d) Isotope imaging such as scintigraphy for thyroid, parathyroid and head & neck tumours.
 - (e) Interventional radiology for image guided fine needle aspiration biopsy, and core biopsy. Abscess drainage/aspiration and vascular intervention in the Head & Neck are optional.

3.2 TRAINER REQUIREMENTS

As specified in the General Guidelines on Higher Training.

3.3 DURATION OF TRAINING

6 months of training is desirable.

3.4 DUTY SESSIONS

3.4.1 The College requirement that the trainee performs five or more service sessions weekly in the subspecialty may not be feasible in all departments. Therefore the training requirements should be judged based on the number of cases the trainee is exposed to (independently and under graded supervision).

3.4.2 Every week the trainee should perform at least one CT session, one MR session, one ultrasound session and discuss cases at the CRC (weekly/ fortnight).

3.5 MINIMUM NUMBER OF EXAMINATIONS REQUIRED

3.5.1 Core requirement:

Examinations	RIS Coding	Requirement
Computed tomography <ul style="list-style-type: none"> - Temporal bone - Orbit - Nasopharynx and oropharynx (suprahyoid neck including oral cavity) - Nose and paranasal sinuses and face - Neck (including salivary glands) (infrahyoid neck including larynx, hypopharynx, thyroid gland, lymph nodes) 	4103, 4104 4105, 4106 4111, 4112 4113, 4114 4115, 4116	170 (total) 30 20 30 40 50
Magnetic resonance imaging <ul style="list-style-type: none"> - Orbit - IAM, CP angle - Paranasal sinuses - Nasopharynx - Neck, including brachial plexus - Salivary glands / MR sialogram - Oral cavity and oropharynx - Face - Larynx - MR angiogram 	8103, 8104 8105, 8106, 8109, 8110 8111, 8112 8115, 8116 8117, 8118, 8127 8119, 8120 8121, 8122 8123, 8124 8125, 8126 8501, 8521	170 (total) 20 30 10 50 10 10 10 10 10 10 10
Ultrasonography <ul style="list-style-type: none"> - Salivary glands - Thyroid +/- parathyroid - Cervical lymph nodes or neck mass - Spectral Doppler carotids 	3204 3205 3206 3302	200 (total) 10 50 90 30
FNA	7104.TH = Thyroid 7104.PT = Parathyroid 7104.SG = Salivary Glands 7104.LS = Lymph node 7104.ST = Soft tissue (plus any other regions not covered by codes above)	20
Nuclear Medicine <ul style="list-style-type: none"> - Thyroid and parathyroid 		6
PET/CT		Optional but desirable

If the training period is three months, the number of required cases can be suitably altered.

3.6 CLINICAL RADIOLOGICAL CONFERENCES AND OTHER MEETINGS

The CRCs should discuss at least 50 cases.

3.7 PRESENTATIONS AND PUBLICATIONS

Please refer to the General Guidelines in Higher Training.

3.8 OTHER REQUIREMENTS

Optional examinations:

Ultrasonography of eyes (3203), spectral Doppler of Orbits (3303), navigation and 3D reconstruction.

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