

# HONG KONG COLLEGE OF RADIOLOGISTS

## GENERAL GUIDELINES ON HIGHER TRAINING (RADIOLOGY)

### 1. General Aspects

1.1 In this document and all documents on “Higher Training (Radiology): Subspecialty Training of various subspecialties”, the following interpretation applies:

- “*Subspecialty Training*” = training for knowledge and skill in a subspecialty, and not attaining training for subspecialty accreditation
- “*Trainer*” = a Fellow of the Hong Kong College of Radiologists, or equivalent
- “*Subspecialty Trainer*” = a trainer recognized by the Hong Kong College of Radiologists to be eligible to supervise the Higher Training trainees for training in specific subspecialty (see 3.09)
- “*Co-Trainer*” = a trainer recognized by the Hong Kong College of Radiologists to be eligible to supervise the Higher Training trainees for training in specific subspecialty (see 3.10)
- “*Trainee*” = a medical doctor registered as a trainee member with the Hong Kong College of Radiologists

### 1.2 Objectives:

- (a) To engage in subspecialty-based structured training with initiation towards subspecialty development
- (b) To establish the capability of independent practice in general radiology
- (c) To be well versed in various imaging modalities to be an effective member of a team in the multidisciplinary approach on patient care
- (d) To develop appropriate professional maturity and attitude
- (e) To be motivated towards continuous professional development
- (f) To engage in teaching activities to gather experience to develop as future trainer
- (g) To participate in management and planning activities with exposure to resource management and enhanced awareness in clinical management strategies
- (h) To engage in research projects and presentations (Also see point 1.8)
- (i) To acquire basic concept of quality improvement and clinical audit
- (j) To acquire knowledge of critical appraisal of literature

1.3 The following should be stressed in higher training:

- (a) Practical experience
- (b) In-depth knowledge and skill
- (c) Increased responsibility

- (d) Independent thinking and problem solving
- (e) Familiarity with the appropriate problem-orientated clinical guidelines and procedural protocols

1.4 The 2 years of Higher Training should include the following components:

- (a) General Radiology Training
- (b) Higher Subspecialty Training
- (c) Training in relevant attributes: management, audit, quality assurance, research, medicolegal, communication, resource management, etc.

1.5 For a broad knowledge-based exposure, the 2 years of training should comply with the following criteria:

- (a) minimum of 9 months fulltime General Radiology including 1 month of PET-CT training;
- (b) minimum of two Category A Subspecialty subjects;
- (c) remaining period: General Radiology or Subspecialty training in any categories;
- (d) minimum of 6 months in one Category A Subspecialty subject;
- (e) minimum of 3 months for each one of other Subspecialty subjects.
- (f) A training period for a Subspecialty can be split into two separate periods during Higher Training, but each training block should be 3 months or more in duration.

1.6 **Subspecialty Training** is categorized as follows:

1.6.1 **Category A:** well-recognized radiology subspecialties, in terms of body systems or population subgroups, or interventional procedures such as Paediatric Radiology, Musculoskeletal Radiology, Neuroradiology, Vascular & Interventional Radiology, Thoracic Radiology, Gastrointestinal & Hepatobiliary Radiology, Head & Neck Radiology, Breast Radiology, Cardiovascular Imaging, and O&G Radiology.

1.6.2 **Category B:** technique-based subspecialties -- Ultrasonography, CT, MRI, Radionuclide Imaging.

1.6.3 **Category C:** subspecialties related to clinical subspecialties particularly strong at a hospital such as Transplantation Radiology, Intensive Care Imaging and Oncologic Radiology.

1.7 All training programs (General Radiology training or Subspecialty training) must be accredited by the College.

1.8 During the entire period of Basic and Higher Specialist Training, trainees should participate actively in research activities. At least one project must be accepted at College scientific meetings, or regional / international scientific conferences with the trainee as the oral presenter or first author of a poster

presentation; and at least one radiological / oncological / nuclear medicine article with the trainee as the first author, must be published / accepted for publication in the Journal of the College or other indexed medical journals.

1.9 This document should be read in conjunction with the guidelines on General Radiology and various subspecialties.

## **2. Higher Training: General Radiology**

2.1 The program should differ from Basic General Radiology Training, with emphasis on independent performance and supervising responsibility.

2.2 The program should be arranged with designated assignments and rotations.

2.3 Teaching activities: to clinicians, younger trainee radiologists, radiographers, nurses, medical students, etc., to attain in-depth knowledge of a subject and to improve on presentation skills

2.4 Management of and contribution to film museum and teaching files

2.5 Audit and quality assurance activities

2.6 Academic radiology: research techniques, presentation skill, literature review

2.7 Nurture of professional attitude (ethical standards, legal responsibility, professional image, contribution towards professional organizations and activities, coordination with clinical colleagues for better healthcare)

2.8 Management responsibilities and skills

## **3. Higher Training: Subspecialty Training**

3.1 Please note the interpretation of terminology in 1.1.

3.2 Standard format of application for accreditation should include: targets, structured program, weekly duty sessions (modality, location), other activities, expected workload, qualification and achievement of trainers, etc.

3.3 Five or more duty sessions weekly specific for the subspecialty are advisable. On the average, each subspecialty session consists of 50% or more work related to that subspecialty.

3.4 For Category A Subspecialties, related application with multiple imaging modalities should be built into the program. If certain modalities are not available at the specific hospital, rotation or attachment to another hospital is advisable. The training facilities involved under such arrangement should

satisfy the basic requirements for training purpose. The training arrangement including period of rotation or attachment, level of training involved, any on-call or emergency duty arrangement, leave arrangement, etc. should be submitted in details for approval by College before the rotation commences. The training should at all-time be conducted under supervision by accredited trainer(s). The principles of training supervision are delineated in 'Working Principles for Accreditation of New Training Centres'.

- 3.5 For broader and more comprehensive exposure to various aspects of a subspecialty, appropriate attachment of another training centre is acceptable. (See point 3.4 for requirements and necessity for pre-approval by College on the arrangement)
- 3.6 The minimum workload for each period (in terms of 6 months of training) of subspecialty training will be defined by the College in the document for each Subspecialty. Workload required for 3 months of training is 50% of the requirement, except for specific conditions laid down in the document.
- 3.7 Trainer:trainee ratio for Higher Subspecialty training must be at least 1:1 at all time.
- 3.8 A minimum of two trainers or one trainer plus one co-trainer are required for each subspecialty to ensure that during the period of subspecialty training the trainee is being supervised all the time.
  - 3.8.1 One trainer should be designated to have primary responsibility for the educational content of the subspecialty area.
  - 3.8.2 A trainer or co-trainer should not take up training role of more than two subspecialties.
- 3.9 A **subspecialty trainer** of a program for Category A Subspecialties should have
  - (a) At least 3 months of previous training in the subspecialty
  - (b) At least 2 years of continuous experience in the subspecialty after award of the Fellowship of HKCR, or equivalent
  - (c) Major portion of clinical practice being in the subspecialty
  - (d) Related publications
  - (e) Related lectures / presentations
  - (f) Regular attendance of related subspecialty conferences in recent years.
- 3.10 A **co-trainer** of a program for Category A Subspecialties may not fulfill all of the requirements of a subspecialty trainer. He / She should have no less than 3 months of previous training in the subspecialty plus at least one year of post Fellowship experience in the subspecialty or previous training in the

subspecialty plus 2 years of post Fellowship experience in the subspecialty. He or She must satisfy some of the other requirements outlined in 3.9 (c) to (f).

3.11 All trainers and co-trainers of a program need to be vetted and approved by the College at the accreditation of that program. The training centre is responsible to report to the College any changes in the trainers of a program for consideration of approval.

3.12 ***Subspecialty Clinical Radiological Conference (CRC) and other meetings***

3.12.1 Regular CRC related to Category A subspecialty, at least once every fortnight.

3.12.2 Presentation by the trainee of at least 2 cases per CRC.

3.12.3 Participation in other clinically oriented meetings is desirable, and this may be specified in the document of specific subspecialty.

3.13 ***Absence from Training***

3.13.1 ***Prolonged leave*** will reduce the time spent in training. Trainees absent from their training post for any period in excess of culmination of 60 calendar days during the period of Higher Training, apart from annual leave, study leave and prospectively approved full-time research program, should notify the College for corresponding adjustment of the training period requirement in respect of examination or accreditation. In addition, trainees should notify the College for any continuous absence (inclusive of sick leave, maternity leave or study leave) other than annual leave of more than 14 calendar days during the training period. Trainee should also complete the Declaration of Absence from Training Form in the training logbook.

3.13.2 ***Leave*** of more than 4 weeks during 6 months of training (pro rata for other periods, e.g. 2 weeks (i.e. 14 days in continuity or an aggregate of 10 separate working days) during 3 months of training) requires compensatory training in the same subspecialty to ensure sufficient period of exposure.

3.14 Examination reports should be signed by the trainee if the cases are performed on his / her own independently. The report should be endorsed by the trainer if the case is performed by the trainee under direct supervision. Record of reporting without trainees' name would not be accepted and counted in his / her training profile. To facilitate the assessment of workload of a new training centre, the records of radiological examinations with coding should be provided. The Radiology Information System (RIS) in HA Hospitals provides convenient conversion of examination data into training records.

The RIS coding used in the Training Guidelines conforms to the prevailing numbering system. The trainers and trainees should be aware of revision of

the numbering system from time to time.

For situations in which reporting or performing of examinations could not be accurately reflected via the standard method (e.g. RIS system of HA), trainees should use separate manual log with counter-signage by trainers.

#### **4. Application Procedures**

4.1 To avoid overlapping demands, the trainee should apply to the head of the department through the training head for specific subspecialty training.

4.2 The trainee's suitability can be evaluated by the trainer and the department head.

#### **5. Training Records**

5.1 The record of experience of the examinations and procedures during the training period should be kept in the prescribed logbook of the Hong Kong College of Radiologists. Additional information can be supplied as appended sheets to the logbook where appropriate.

5.2 The logbooks from all trainees would be reviewed at three fixed check points, namely after basic training (i.e. after passing Joint Final (Part B) / Final Examination), after the first year of higher training and at the end of higher training (i.e. before Exit Assessment), by College to verify that appropriate training had been undertaken during the specified period under supervision of trainers.

#### **6. Training Assessment**

6.1 During the supervised training, it is essential for the trainer to help the trainees in understanding their limitation and identifying areas or complex problems where they need a second opinion or help.

6.2 The trainee should have a written assessment at 3-monthly intervals of the progress during the corresponding period, recorded in the logbook and signed by the supervising trainer and the trainee. The process should ensure that training objectives are met, remedial measures are proposed and any issues in the review period are discussed.

6.3 Particular attention should be paid to record the trainee's degree of proficiency in specific activities in order to attain independent practice.

6.4 Areas identified during the assessment process and requiring changes in the training infrastructure of the corresponding centre should be conveyed to the head of the department for consideration and implementation.

## **7. Remedial Training**

- 7.1 If the trainee is unable to comply with the minimum requirement of number of examinations during the designated training period, this can be made up any time during the Higher Training, as long as it is supervised, documented and recorded in the same manner.
- 7.2 Such remedial training would not be counted to extend the duration of subspecialty training.
- 7.3 The supervising trainer should be aware of the necessity for compensatory training if there is a significant period of leave despite the compliance with the minimum requirement of number of examinations. (Please refer to 3.13)

## **8. Accountability of Training Department**

Please refer to General Guidelines on Basic Training (Radiology) item 6.

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