HONG KONG COLLEGE OF RADIOLOGISTS

Higher Training (Radiology)

Subspecialty Training in Magnetic Resonance Imaging

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

1. INTRODUCTION

1.1 Magnetic Resonance Imaging (MRI) is a well-established subspecialty in the context of Diagnostic Radiology.

1.2 MRI requires understanding in terms of the physics underlying the image formation, the performance of the hardware and software available, the limitations and the hazards, the disease processes and their appearance as well as the diagnostic impact on the management of the patients as a whole.

1.3 Training in MRI is classified as a technique-based subspecialty (Category B Subspecialty).

2. OBJECTIVES

At the completion of the training program, trainees are able to:

2.1 Understand broad principles and physics of MR imaging,

2.2 Evaluate application of MR procedures with respect to other imaging diagnosis and clinical management options,

2.3 Develop technical and interpretative skill and confidence for clinical MR procedures,

2.4 Be familiar with MR safety rules and capable to enforce such rules in practice,

2.5 Know how to appreciate the related literature and apply the knowledge in caring their patients, teaching and research,

2.6 Understand the process of subspecialization and be able to guide one-self to further develop one’s own skill in depth.

3. TRAINING REQUIREMENTS

3.1 TRAINING CENTRE REQUIREMENTS
The pre-requisite is the presence of an on-site MR scanner. Short of this, the arrangement of sufficient sessions and workload will not be possible for both the trainees and the trainers.

3.2 TRAINER REQUIREMENTS

As specified in the General Guidelines on Higher Training (Radiology).

3.3 DURATION OF TRAINING

It can be taken in 6 months for in-depth training, or in 3 months for brief training.

3.4 DUTY SESSIONS

A minimum of 50% of duty sessions in the form of actual hands-on scanning of the patients are required during the subspecialty training.

3.5 MINIMUM NUMBER OF EXAMINATIONS REQUIRED FOR 6-MONTH TRAINING

3.5.1 The core requirement:

<table>
<thead>
<tr>
<th>MRI Examination</th>
<th>RIS Coding</th>
<th>Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brain, head &amp; neck</td>
<td>8101-8127, 8199, 8601-8611</td>
<td>300</td>
</tr>
<tr>
<td>Body MRI</td>
<td>8301-8321, 8399</td>
<td>50</td>
</tr>
<tr>
<td>Spine MRI</td>
<td>8201-8212, 8299</td>
<td>100</td>
</tr>
<tr>
<td>Musculoskeletal MRI other than spine</td>
<td>8401-8438, 8499</td>
<td>100</td>
</tr>
</tbody>
</table>

3.5.2 Some of these examinations should involve specialised MR techniques. The trainees should satisfy the required exposure in at least two out of the following four groups of MR techniques in 6-month training.

<table>
<thead>
<tr>
<th>MRI Technique</th>
<th>RIS Coding</th>
<th>Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiovascular MR</td>
<td>8501-8527, 8599</td>
<td>25</td>
</tr>
<tr>
<td>MR hydrogram, including cholangiogram, urogram, myelogram, etc.</td>
<td>8311, 8314, 8210</td>
<td>20</td>
</tr>
<tr>
<td>MR Spectroscopy</td>
<td>8601, 8605-8606</td>
<td>20</td>
</tr>
<tr>
<td>Functional MR examinations including diffusion, perfusion and brain activation</td>
<td>8603, 8608-8614, 8617</td>
<td>10</td>
</tr>
</tbody>
</table>

3.5.3 For ease of counting examinations directly from RIS, the present workload code framework of the Hospital Authority on MRI is to be adopted.

3.5.4 Brief training (in 3 months) still requires a minimum of 50% of duty sessions. The
required number of examinations for each category will be 50% of the above.

3.6 CLINICAL RADIOLOGICAL CONFERENCES AND OTHER MEETINGS

The trainees should chair or present cases in MRI in at least 6 clinico-radiological meetings for a 6-month training period.

3.7 PRESENTATIONS AND PUBLICATIONS

Please refer to the General Guidelines on Higher Training (Radiology).

Last version endorsed by HKAM Council Meeting on 17 November 2011 and effective from 1 July 2012
Revised version endorsed by HKAM Council Meeting on 20 October 2016 and effective from 1 July 2017