HONG KONG COLLEGE OF RADIOLOGISTS

Higher Training (Radiology)

Subspecialty Training in Obstetrics & Gynaecology Radiology

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

1. Introduction

1.1 The subspecialty concerns the imaging and procedures in connection with the management of problems in the clinical practice of Obstetrics and Gynaecology, especially in the imaging of the female pelvis, the fetus and the fertility studies.

1.2 This subspecialty training is characterized by:

   (a) The differences in the physiology and imaging of the fetus compared with those of a child or an adult.
   (b) Radiation risk to the fetus.
   (c) Fetal pathology and fetal abnormalities.
   (d) Anatomy and pathology of the female pelvic organs.
   (e) Fertility studies.

1.3 Obstetrics & Gynaecology (OBG) Radiology is a category A subspecialty.

2. Objectives

2.1 To acquire adequate exposure and expertise in this subspecialty for further development.

2.2 To understand the radiation risk and protection in imaging the fetus in different stages of the pregnancy.

2.3 To develop skill in the ultrasonographic detection of fetal abnormalities.

2.4 To learn to use different modalities appropriately in imaging the female pelvic organs and gynaecological pathology.

2.5 To learn the application of imaging and procedures in the investigation of fertility problems.

2.6 To work on related research projects with the aim of publication or presentation in recognized journals or conferences.

2.7 To be involved in management and teaching activities of the related subspecialty.

3. Training Requirements

3.1 TRAINING CENTRE REQUIREMENTS
3.1.1 The hospital should have a Department of Obstetrics & Gynaecology, which should be accredited by the Academy of Medicine of Hong Kong.

3.1.2 The hospital provides clinical service in the management of problems related to gynaecological oncology.

3.1.3 All types of imaging and radiological procedures related to OBG should be available.

3.1.4 The trainee should have opportunity to obtain hands-on experience on examinations of the patients. (This needs to be emphasized as the OBG Department now performs many ultrasound procedures for their patients)

3.2 TRAINER REQUIREMENTS

The subspecialty trainer should have good experience in OBG Radiology as evident by the number of OBG cases handled personally and publications in related subjects.

3.3 DURATION OF TRAINING

6-month training period is desirable; 3-month training acceptable.

3.4 DUTY SESSIONS

3.4.1 A minimal of 5 sessions per week is required.

3.4.2 Two sessions in OBG ultrasound, 1 session in MRI, 1 session in CT (as it is unlikely to have MRI or even CT sessions dedicated to OBG, a mixture of cases with a preponderance of OBG examinations is acceptable) and 1 session in fluoroscopy (e.g. HSG, angiography).

3.4.3 The fluoroscopy session may be substituted by CT, US or MRI session if no examination is available.

3.5 MINIMUM NUMBER OF EXAMINATIONS REQUIRED

3.5.1 Core requirement of workload:

<table>
<thead>
<tr>
<th>Examinations</th>
<th>RIS Coding</th>
<th>Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ultrasound</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Obstetrics</td>
<td>3401-03, 3411-3413, 3105,</td>
<td>300</td>
</tr>
<tr>
<td>including</td>
<td></td>
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</tr>
<tr>
<td>Obstetrics, 1st trimester scan</td>
<td>3401, 3411</td>
<td>100</td>
</tr>
<tr>
<td>Obstetrics, 2nd trimester scan</td>
<td>3402, 3412</td>
<td>50</td>
</tr>
<tr>
<td>Gynaecology</td>
<td>3104, 3105, 3304</td>
<td>100</td>
</tr>
<tr>
<td>CT (OBG-related)</td>
<td>4205-06</td>
<td>30</td>
</tr>
<tr>
<td>MRI (OBG-related)</td>
<td>8309-10</td>
<td>30</td>
</tr>
</tbody>
</table>
### Fluoroscopy (OBG-related)

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>2207</td>
<td>HSG</td>
</tr>
<tr>
<td>6103</td>
<td>Pelvic angiogram</td>
</tr>
</tbody>
</table>

**3.5.2** Ultrasound which does not involve ionising radiation, is the mainstay of imaging in this subspecialty. Full experience in this modality is essential, and manual logging should be implemented to ensure training in the ultrasonographic diagnosis of fetal abnormalities.

**3.5.3** Exposure of OBG cases in other imaging modalities (CT, MRI & fluoroscopy) may be more flexible.

**3.5.4** Please note the RIS Workload coding for related procedures as follows:

- 3104 US Pelvis
- 3105 Transvaginal US
- 3401 Obstetrics, 1\textsuperscript{st} trimester scan
- 3402 Obstetrics, 2\textsuperscript{nd} trimester scan
- 3403 Obstetrics, 3\textsuperscript{rd} trimester scan
- 3304 Spectral Doppler in Gynaecological conditions (e.g. Trophoblastic disease)
- 2207 HSG
- 4205/6 CT pelvis
- 6103 Pelvic angiogram
- 8309/10 MRI pelvis

### CLINICAL RADIOLOGICAL CONFERENCES AND OTHER MEETINGS

**3.6.1** A minimal of 1 CRC/fortnight is probably not practical for OBG but trainees may attend the clinical meetings organized by the OBG department for enhancement of exposure and better communication with their clinical colleagues.

**3.6.2** Please refer to the General Guidelines for the requirement of trainee presenting cases in CRC or related clinical meetings.

### PRESENTATIONS AND PUBLICATIONS

Please refer to the General Guidelines in Higher Training.

### OTHER REQUIREMENTS

*Optional requirement:*
Exposure to stillborn babygram, pelvimetry, gynaecology-related interventional procedures, fertility studies and stress incontinence study are desirable.

Exposure to 3D/4D antenatal ultrasound is encouraged. Trainees may be attached to center with this service for exposure to this technique.