

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 studies relevant to reproductive medicine.

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 structural fetal abnormalities
- (d) Anatomy and pathology of the female pelvic organs
- (e) Studies relevant to Reproductive Medicine

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 ultrasonographic skills in detection of fetal structural abnormalities

2.4 To learn to use different modalities appropriately in imaging the female pelvic organs, gynaecological pathology and reproductive endocrine disorders appropriately

2.5 To learn the application of imaging and procedures in reproductive medicine

2.6 To work on related research projects with the aim of publication or presentation in peer reviewed journals or local and international 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 Hong Kong Academy of Medicine.

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

3.1.3 All types of imaging and radiological procedures related to Obstetrics & Gynaecology (OBG) should be available.

3.1.4 The hospital should preferably provide reproductive medicine services which include assisted conception and in vitro-assisted fertilization.

3.1.5 The trainee must have hands-on ultrasound 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 REQUIREMENT

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

3.3 DURATION OF TRAINING

6-month training period is desirable; 3-month training is 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) with one optional session in fluoroscopy (e.g. HSG, angiography).

3.4.3 With the increasing demand in preventing catastrophic post-partum haemorrhage (due to placenta accreta) with angiographic interventional procedures, trainees should be asked to assist and perform under supervision the related procedures whenever the circumstance appears.

3.5 MINIMUM NUMBER OF EXAMINATIONS REQUIRED

3.5.1 Core requirement of workload:

Examinations	RIS Coding	Requirement
Ultrasound		
Obstetrics	3401-03, 3411-3413, 3105, 3420, 3422	300
including		
Obstetrics, 1 st trimester scan	3401, 3411	100
Obstetrics, 2 nd trimester scan	3402, 3412 3420, 3422	50
Gynaecology	3104, 3105, 3106, 3304	100
CT (OBG-related)	4205-06, 4407	30
MRI (OBG-related)	8309-10	30
Fluoroscopy (OBG-related)	2207, 6103	10

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 structural fetal abnormalities.

3.5.3 MRI and CT studies relevant to reproductive endocrine disorders are also required and should be logged accordingly. However, the number of cases required may be flexible. The cases under Fluoroscopy are HSG, angiographic studies of pelvis including interventional procedures.

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

3104	US Pelvis
3105	Transvaginal US
3106	Transrectal US
3401, 3411	Obstetrics, 1 st trimester scan
3402, 3412	Obstetrics, 2 nd trimester scan
3403, 3413	Obstetrics, 3 rd trimester scan
3420	Obstetrics – 2 nd or 3 rd trimester targeted scan
3422	Obstetrics – 2 nd or 3 rd trimester (Multiple pregnancies) targeted scan
3304	Spectral Doppler in Gynaecological conditions (e.g. Trophoblastic disease)
2207	HSG
4205/6,4407	CT pelvis
6103	Pelvic angiogram
8309/10	MRI pelvis

3.6 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 on Higher Training (Radiology) for the requirement of trainee presenting cases in CRC or related clinical meetings.

3.7 PRESENTATIONS AND PUBLICATIONS

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

3.8 OTHER REQUIREMENTS

Optional requirement:

Exposure to stillborn babygram, pelvimetry, high intensity focused ultrasound (HIFU) for treatment of fibroids, and stress incontinence study are encouraged.

Exposure to 3D/4D antenatal ultrasound is encouraged. Trainees may attach to centre with this service for exposure to this technique.

Exposure to techniques in ovum retrieval, in vitro fertilization and related treatments for infertility is advised by attachment to Infertility Centre providing these specialized services.

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