RESULTS of European Training Charter for Clinical Radiology Questionnaire

COMPLETED QUESTIONNAIRES: 32/39 (82%)
- 7 did not respond
- some responded only to 1st page

1.) Are you aware of the European Training Charter for Clinical Radiology?

**YES:** 28 (88%)
**NO:** 4 (12%)

If yes, have you read it?

**YES:** 17 (61%)
**NO:** 11 (39%)

2.) Do you need an MD or equivalent medical certification prior to entering Radiology Training?

**YES:** 30 (94%)
**NO:** 2 (6%)

a) Do you think there should be?

**YES:** 31 (97%)
**NO:** 1 (3%)

3.) Do you have a National/local entry examination?

**YES:** 18 (56%)
**NO:** 14 (44%)

a) Do you think there should be?

**YES:** 15 (47%)
**NO:** 17 (53%)
4.) Do you have an interview process deciding entry in to Radiology Training?

<table>
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<tr>
<th>YES: 18 (56%)</th>
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<tr>
<td>NO: 14 (44%)</td>
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a) Do you think there should be an interview?

<table>
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<th>YES: 23 (72%)</th>
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<td>NO: 9 (28%)</td>
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5.) Do you do clinical training as an intern prior to entering Radiology Training?

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<th>YES: 25 (78%)</th>
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<td>NO: 7 (22%)</td>
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a) If yes, how many years?

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<tr>
<th>0.5 yrs</th>
<th>1 yrs</th>
<th>1.5 yrs</th>
<th>2 yrs</th>
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<tr>
<td>3 (13%)</td>
<td>13 (54%)</td>
<td>3 (13%)</td>
<td>5 (20%)</td>
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b) Do you think it helps having done a medical training before entering Radiology?

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<th>YES: 29 (91%)</th>
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<td>NO: 3 (9%)</td>
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c) Do you think there should be internship?

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<th>YES: 30 (94%)</th>
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<tr>
<td>NO: 2 (6%)</td>
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*Most countries replied they believe that medical training prior to Radiology helps and that there should be an internship.*

6.) a) Is there a National curriculum?

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<td>NO: 4 (14%)</td>
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b) Is it the same as the recommended European Training Charter?

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<th>YES: 11 (37%)</th>
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<td>NO: 12 (40%)</td>
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<tr>
<td>Don’t know: 7 (23%)</td>
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</table>
c) Is your National Society trying to change their Training program to match the European Training Charter?

**YES:** 22 (73%)
**NO:** 5 (17%)
**Don’t know:** 3 (10%)

7.) Do you have an assessment each year of your training?

**YES:** 19 (59%)
**NO:** 13 (41%)

8.) Do you need to fill in a logbook each year?

**YES:** 24 (75%)
**NO:** 8 (25%)

   a) Do you think there should be a logbook?

**YES:** 26 (84%)
**NO:** 5 (16%)

9.) Is there obligatory formal teaching?

**YES:** 26 (84%)
**NO:** 5 (16%)

   a) If yes, how many hours/yr?

   - 1=100: 10 (42%)
   - 2=101-200: 10 (42%)
   - 3=201-300: 2 (8%)
   - 4=301-400: 1 (4%) Uzbekistan
   - 5=>401: 1 (4%) Turkey

   b) Is the teaching at your base hospital?

   *Most teaching is done at the base hospital and most trainees are made available to go to the teaching.*

**YES:** 24 (83%)
**NO:** 4 (14%)
**Both:** 1 (3%)
c) Are you made available from work to go to the teaching?
   YES: 26 (90%)
   NO: 3 (10%)

10.) Do you have on-call responsibility?
   YES: 28 (88%)
   NO: 4 (12%) Bulgaria, Italy, Macedonia, Russia

   a) If yes, what year in your training do you start?
      1st yr: 10 (42%)
      2nd yr: 14 (50%)
      3rd yr: 3 (13%) Latvia, Slovenia, Uzbekistan
      4th yr: 1 (4%) Portugal

   b) Do you think there should be call?
      YES: 26 (93%)
      NO: 2 (7%)

11.) Do you have a Final Examination at the end of your training?
   YES: 26 (81%)
   NO: 6 (19%)

   a) Do you think there should be an examination?
      YES: 27 (84%)
      NO: 5 (16%)

   b) Do you think there should be a European equivalency examination?
      YES: 25 (78%)
      NO: 7 (22%)
12.) Do you do **subspecialty training** during your Radiology Training?

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<td><strong>YES:</strong></td>
<td>15 (47%)</td>
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<td><strong>NO:</strong></td>
<td>17 (53%)</td>
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12’.) What percentage of Radiology graduates do a **fellowship**?

- 1= <10  13 (46%)
- 2=10-20%  6 (21%)
- 3=21-40%  1 (4%)
- 4=41-60%  1 (4%)
- 5=61-80%  2 (7%)
- 6=81-100%  5 (18%)

a) Do you think it is important to do a fellowship in a particular subspecialty?

*Most countries think it is important to do a subspecialty fellowship.*

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<td>1 (3%)</td>
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<tr>
<td>Don’t know:</td>
<td>1 (3%)</td>
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13.) Are there opportunities for **scientific research**?

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a) Is it encouraged?

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<tr>
<td><strong>YES:</strong></td>
<td>22 (69%)</td>
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<td><strong>NO:</strong></td>
<td>8 (31%)</td>
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14.) Are there opportunities for **publishing**?

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a) Is it encouraged?

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<td>4 (14%)</td>
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*In most countries there are opportunities for scientific research and publishing.*
15.) In a typical teaching center, with regard to the equipment:

   a) How many ultrasounds do they have? most have 2-4 (range 1-10)

   b) How many CTs do they have? most 2 (range 1-5)

   How many detectors?
   - sequential: 2
   - single detector: 8
   - MDCT (most 4-16-64)
   - dual: 2

   c) How many MRIs do they have? What Tesla?
   Most 1-2(range 0-5)/most 1.5T (range 0.5-7)

   d) How many PET scanners do they have? most 0 (range 0-2)

   e) How many Digital subtraction angiography do they have? most 1-2 (range 0-3)

16.) In each imaging modality, do you think that the equipment is adequate?

   Most countries replied they think the equipment is adequate for the majority of imaging modalities, except PET or PET/CT.

   Ultrasound?
   YES: 19 (61%)
   NO: 12 (39%)

   CT?
   YES: 23 (77%)
   NO: 7 (23%)

   MRI?
   YES: 20 (67%)
   NO: 10 (33%)

   PET or PET/CT?
   YES: 10 (33%)
   NO: 20 (67%)

   Digital subtraction angiography?
   YES: 20 (67%)
   NO: 10 (33%)
17.) How much reporting is supervised?

In about 70 % of the countries more than 61% of the reporting is supervised.

1 <20%  2 (7%)
2=21-40% 3 (11%)
3=41-60% 4 (14%)
4=61-80% 12 (43%)
5=81-100% 6 (21%)
depends: 1 (4%)

COMMENTS:

MALTA:
- At the moment our training is not structured, we lack a curriculum, we lack a structure and most importantly we lack trainers.
- There isn’t organised training with log books, exams.
- Supervision is scant, and solely depended on the radiologist on call.
- Lectures are non existent. This might soon create the need for us trainees to leave Malta’s shores to train elsewhere in Europe.
- With the current situation Malta cannot sustain a full training program. Equipment is not lacking, but trainers are.
- Malta usually relied on having its Radiologists being trained abroad (UK, Ireland or Germany), with pre-set agreements, that now are no longer available.

AUSTRIA:
- Some (most) of the questions can’t be answered in general as there are many different teaching centers in Austria.

UK:
- Research should be more actively supported with consultant input.
- Teaching should be more actively supported and guidance should be offered.
- Training is not very flexible at present and it is still not encouraged to work part time.

GERMANY:
- Regular and more frequent sessions on specific problems relevant to the fellows by own supervising doctors

GREECE:
- Radiology formal teaching and resident courses should follow a pan-european curriculum and a strict annual teaching program should be set around Europe to ensure Radiology education is delivered at the same standards across residents of all nations.
UZBEKISTAN:
- We need more practice.

BELGIUM:
- Working with PACS, contacts between trainees and supervisors has become too “virtual”.

MACEDONIA:
- Spending more time and training imaging modalities and interventional methods. More opportunities for research and publishing.
- Better equipment (64CT, 1.5T MR, PET...)
- Exchanging program with other European Training Centers...

TURKEY:
- There are opportunities for publishing and it is encouraged but there is no time…
- There should be an official subspecialty training after the residency program. Subspecialty can start in the fifth year.
- There should be less work load over the shoulder of the resident in order to have more time for studying and research facilities. There is official work from 9 to 5 but the reality is that working in many modalities last until 6 or 7 pm. Most of the radiological service supplied is given through the residents in the department.
- Instead of a separate radiology physics and clinical exam, they could be together done once a year

SPAIN:
- No European equivalency examination if training criteria are followed and equivalent in all Centers.
- Nuclear medicine not included in Radiology specialty in Spain.
- Radiology is too wide a specialty to accomplish in 4 years. It has been suggested repeatedly to increase it to 5 years and do 3-4 years of general training and 1-2 years subspecialty.
- Residents should have increasing responsibilities.
- Residents’ work should be supervised by staff to ensure teaching. Many times older residents do a lot of unsupervised work, which is good to acquire confidence, but does not provide the knowledge staff members can pass on.

ITALY:
- National examination should be a local examination to reduce bureaucracy
- In Italy (and in my hospital too) we have too many trainees every year (about 15-19 every year for every school of radiology). That means more than 70 trainees per school. Too much people to see a CT scan and less time for an explication…
RUSSIA:

- About a European equivalency examination: If we have a European equivalency examination we should have a European equivalency form of education – maximum period of radiology training in Russia is two years, it is incomparable with European education. So, from one side I think that we should have a European equivalency examination, but in practice I suppose it will be very-very difficult.

RTF BOARD

2008-02-11