

RESULTS of European Training Charter for Clinical Radiology Questionnaire

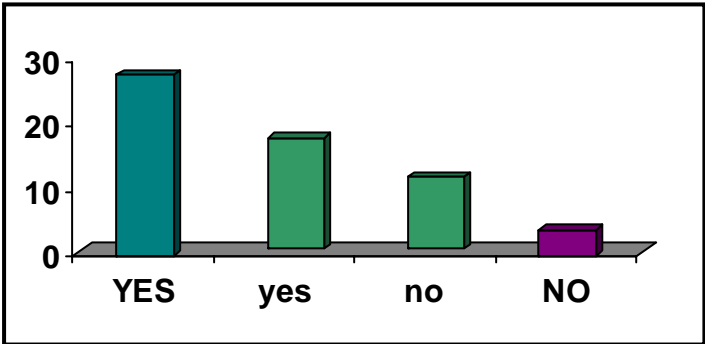
COMPLETED QUESTIONNAIRES: 32/39 (82%)
 - 7 did not respond
 - some responded only to 1st page

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%)

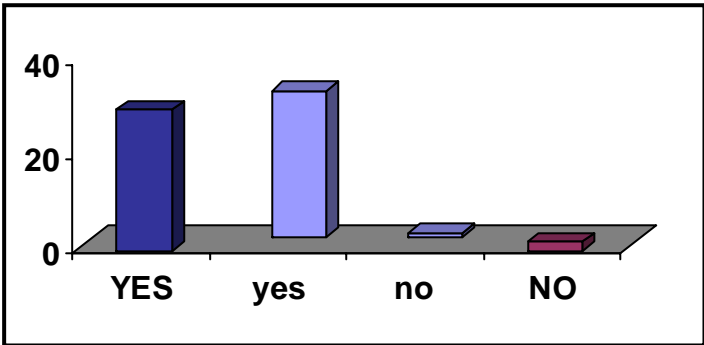


2.) Do you need an MD or equivalent medical **certification prior to entering Radiology Training**?

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

a) Do you think there should be?

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

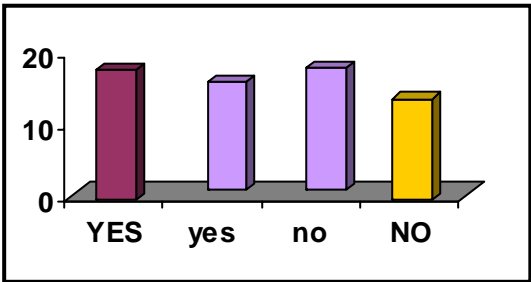


3.) Do you have a National/local **entry examination**?

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

a) Do you think there should be?

YES: 15 (47%)
NO: 17 (53%)

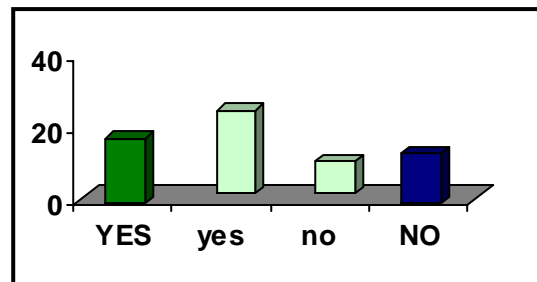


4.) Do you have an **interview** process deciding entry in to Radiology Training?

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

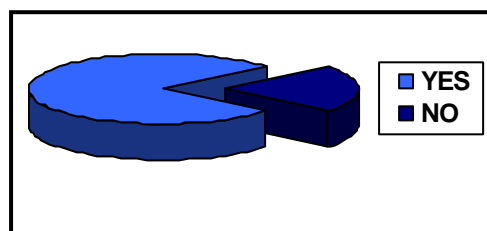
a) Do you think there should be an interview?

YES: 23 (72%)
NO: 9 (28%)



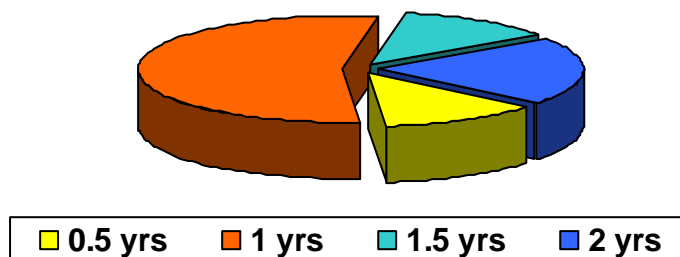
5.) Do you do **clinical training as an intern** prior to entering Radiology Training?

YES: 25 (78%)
NO: 7 (22%)



a) If yes, **how many years?**

1/2: 3 (13%)
1: 13 (54%)
1 1/2: 3 (13%)
2: 5 (20%)



b) Do you think it helps having done a medical training before entering Radiology?

YES: 29 (91%)
NO: 3 (9%)

c) Do you think there should be internship?

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

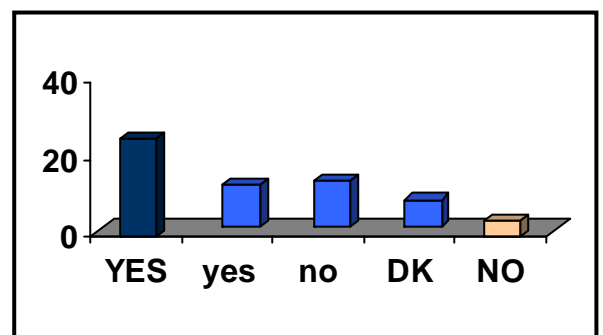
Most countries replied they believe that medical training prior to Radiology helps and that there should be an internship.

6.) a) Is there a **National curriculum?**

YES: 25 (86%)
NO: 4 (14%)

b) Is it the same as the recommended European Training Charter?

YES: 11 (37%)
NO: 12 (40%)
Don't know: 7 (23%)

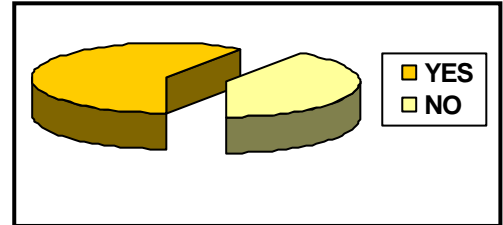


c) Is your National Society trying to change there Training program to match the European Training Charter?

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

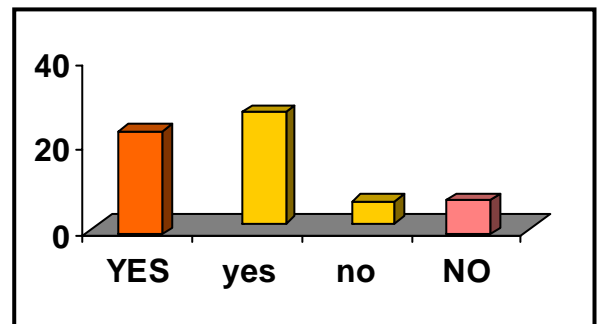
7.) Do you have an **assessment each year** of your training?

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



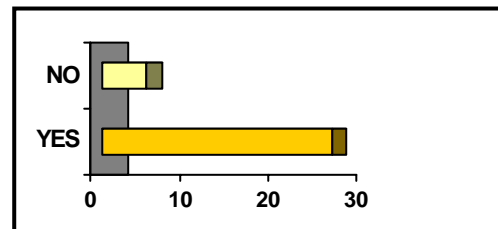
8.) Do you need to fill in a **logbook** each year?

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



a) Do you think there should be a log book?

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

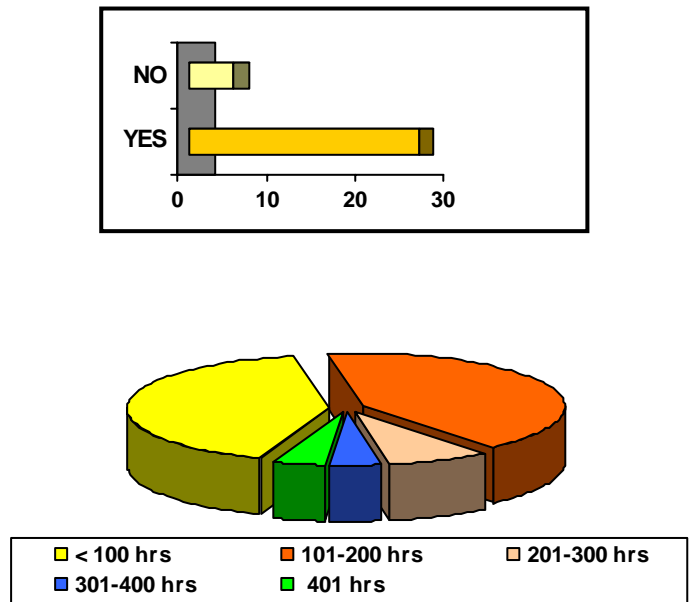


9.) Is there obligatory formal **teaching**?

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?

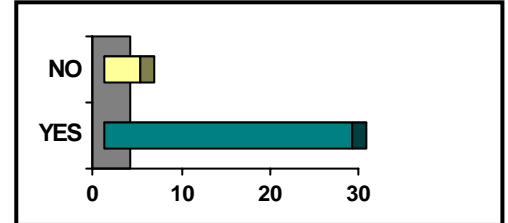
YES: 26 (90%)

NO: 3 (10%)

10.) Do you have **on-call responsibility**?

YES: 28 (88%)

NO: 4 (12%) Bulgaria, Italy, Macedonia, Russia



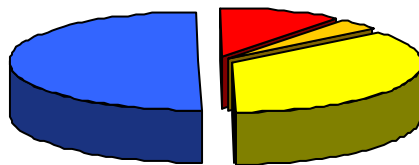
a) If yes, what year in your training do you start?

1st yr: 10 (42%)

2nd yr: 14 (50%)

3rd yr: 3 (13%) Latvia, Slovenia, Uzbekistan

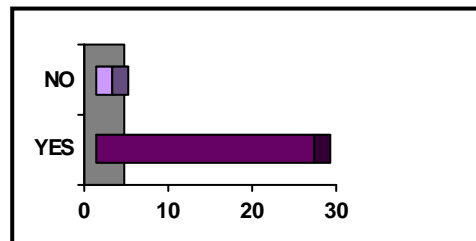
4th yr: 1 (4%) Portugal



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?

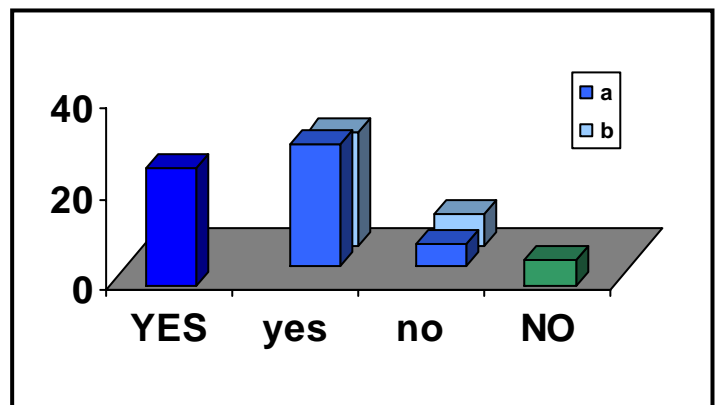
YES: 27 (84%)

NO: 5 (16%)

b) Do you think there should be a European equivalency examination?

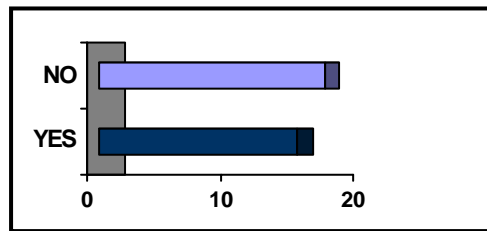
YES: 25 (78%)

NO: 7 (22%)



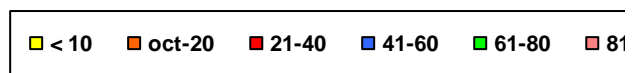
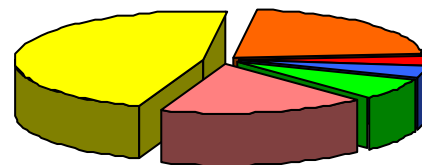
12.) Do you do **subspecialty training** during your Radiology Training?

YES: 15 (47%)
NO: 17 (53%)



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.

YES: 27 (93%)
NO: 1 (3%)
Don't know: 1 (3%)

13.) Are there opportunities for **scientific research**?

YES: 28 (90%)
NO: 3 (10%)

a) Is it encouraged?

YES: 22 (69%)
NO: 8 (31%)

14.) Are there opportunities for **publishing**?

YES: 27 (90%)
NO: 3 (10%)

a) Is it encouraged?

YES: 26 (87%)
NO: 4 (14%)

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