

# Diagnostic Radiology Training Experiences

**2022**  
VERSION 1.0

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- 1.2.5.6. Other surgical specialty
- 1.2.5.7. Other medical subspecialty
- 2. Other training experiences
  - 2.1. Orientation to the program and university, including policies and procedures, university resources, and wellness resources
  - 2.2. Orientation to the hospital, including
    - 2.2.1. Information technology and systems, picture archiving and communication systems (PACS), and electronic medical records
    - 2.2.2. Hospital policies, including patient privacy
  - 2.3. Formal instruction in
    - 2.3.1. Imaging anatomy
    - 2.3.2. Imaging physics and image acquisition, including radiography, ultrasonography (US), computed tomography (CT), and magnetic resonance imaging (MRI)
    - 2.3.3. Imaging safety (e.g., As Low As Reasonably Achievable (ALARA) principle, use of contrast media)
    - 2.3.4. Components of the medical imaging report
  - 2.4. Completion of a Basic Life Support (BLS) and Advanced Cardiac Life Support (ACLS) certification course, or equivalent
  - 2.5. Orientation to research opportunities and requirements

**Recommended training experiences (TTD stage):**

- 3. Other training experiences
  - 3.1. Completion of Advanced Radiology Life Support (ARLS) course or equivalent

**Optional training experiences (TTD stage):**

- 4. Other training experiences
  - 4.1. Completion of an MRI safety training module or course



**Recommended training experiences (Foundations stage):**

3. Clinical training experiences
  - 3.1. Fluoroscopy for emergency patients
  - 3.2. Pediatric radiology
  
4. Other training experiences
  - 4.1. Formal instruction in MRI safety
  - 4.2. Critical appraisal activities, such as journal club
  - 4.3. Initiation of or participation in a scholarly project

**CORE OF DISCIPLINE**

1.1.2. Imaging modalities

1.1.2.1.

- 3.2. Simulation training
  - 3.2.1. Procedures
  - 3.2.2. Critical scenarios
- 3.3. Completion of a course in radiopathology correlation, such as the American Institute of Radiologic Pathology (AIRP) course
- 3.4. Participation in administrative activities of the program, department, or hospital
- 3.5. Attendance at regional, national, or international conferences, scientific meetings, or review courses
- 3.6. Development of an individualized learning and career plan

**Optional training experiences (Core stage):**

- 4. Clinical training experiences
  - 4.1. Pathology
  - 4.2. Participation in global/international outreach radiology elective
- 5. Other training experiences
  - 5.1. Completion of a resident as teacher course
  - 5.2. Formal course or certification in
    - 5.2.1. Informatics or artificial intelligence
    - 5.2.2. Leadership
    - 5.2.3. Medical education
    - 5.2.4. Practice management
    - 5.2.5. Research methods
  - 5.3. Teaching in the formal undergraduate medical education (UGME) curriculum
  - 5.4. Participation in the creation of a teaching module, case file, or program curriculum

## **TRANSITION TO PRACTICE (TTP)**

*In this stage, residents consolidate and integrate their knowledge and skills to provide diagnostic radiology services. They demonstrate autonomy with the full range of diagnostic radiology imaging modalities and body regions, including demonstrating an approach to complex cases. The resident contributes expertise at interdisciplinary rounds and supports clinical colleagues in the development of management plans. This stage also focuses on preparation for independent practice, with instruction and experience in areas of administrative and professional responsibility, including leadership of the diagnostic radiology service.*

### **Required training experiences (TTP stage):**

1. Clinical training experiences
  - 1.1. Diagnostic Radiology, including the full spectrum of patient acuity, in the role of junior attending<sup>2</sup>
    - 1.1.1. Any diagnostic radiology experience
    - 1.1.2. Participation in interdisciplinary case conferences
    - 1.1.3. After-hours coverage
  - 1.2. Specific and/or enhanced skill acquisition related to defined learning needs based on individual interest, career plan, and/or community needs
2. Other training experiences
  - 2.1. Completion of scholarly research, quality improvement, or educational project
  - 2.2. Participation in and/or formal instruction in continuous quality improvement and peer review in Diagnostic Radiology
  - 2.3. Provision of formal and informal teaching for junior learners

### **Recommended training experiences (TTP stage):**

3. Other training experiences
  - 3.1. Formal instruction in practice management topics, including
    - 3.1.1. Continuing professional development requirements
    - 3.1.2. CV development
    - 3.1.3. Interview skills
    - 3.1.4. Human resource management
    - 3.1.5. Financial planning
    - 3.1.6. Medicolegal requirements, including the role of the Canadian Medical Protective Association
    - 3.1.7. Wellness and work-life balance as a practising radiologist
  - 3.2. Completion of ARLS course, or equivalent
  - 3.3. Presentations at formal teaching sessions (e.g., grand rounds)

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<sup>2</sup> *“Junior attending” means that the resident assumes responsibility for patient care, and leadership in the education and clinical supervision of junior colleagues, with as much independence as permitted by ability, law, and hospital policy.*

3.4. Presentationsati6-14.1 (e)0.6 (n)-1d.5 (.re8190.518 0 8.6 (a)-0.6 (n)-1c.6 -14.1 (e)2.198e8.6 (a)



- *39-45 blocks in Core of Discipline*
  - *The first part of the Core stage ensures experience in all aspects of the discipline prior to the timing of decisions regarding advanced or fellowship training. This part of the Core stage focuses on less complex cases and lower volumes of cases, and includes the following (or its longitudinal equivalent):*
    - *3 blocks in abdomen and pelvis*
    - *1 block in acute radiology (e.g., emergency, trauma)*
    - *2 blocks in breast imaging*
    - *1 block in cardiac imaging*
    - *2 blocks in chest imaging*
    - *2 blocks in MSK*
    - *3 blocks in neuroimaging/head and neck*
    - *1 block in nuclear medicine*
    - *1 block in obstetric/gynecologic US*
    - *2 blocks in pediatric radiology*
    - *2 blocks in US*
    - *2 blocks in vascular/interventional imaging*
  - *The second part of the Core stage includes more complex cases and higher caseloads, and includes*
    - *3 blocks in abdomen and pelvis*
    - *2 blocks in breast imaging*
    - *2 blocks in chest imaging*
    - *1 block in the community setting*
    - *3 blocks in MSK*
    - *3 blocks in neuroimaging/head and neck*
    - *1 block in nuclear medicine*
    - *1 block in obstetric/gynecologic US*
    - *2 blocks in pediatrics*
    - *1 block in vascular/interventional imaging*
- *6 blocks in Transition to Practice*

*No more than 16 blocks, including not more than 3 blocks during the TTP stage, in any one domain of Diagnostic Radiology practice within the duration of training.*

*\*One block is equal to 4 weeks*

**Guidance for postgraduate medical education offices**

*The stages of the Competence Continuum in Diagnostic Radiology are generally no longer than*

*13 blocks for Transition to Discipline*

*10 blocks for Foundations of Discipline*

*45 blocks for Core of Discipline*

*6 blocks for Transition to Practice*

*Total duration of training – 65 blocks*

*\*One block is equal to 4 weeks*

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