

# HONG KONG COLLEGE OF RADIOLOGISTS

## **Higher Subspecialty Training in Gastro-intestinal and Hepatobiliary Radiology**

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

### **1. INTRODUCTION**

- 1.1 The subspecialty covers the gastro-intestinal tract, liver, biliary tract, pancreas, spleen, and the associated vascular, lymphatic, peritoneal, and mesenteric structures.
- 1.2 Apart from diagnostic imaging, experience in basic interventional procedures of the regions is also necessary.
- 1.3 Classified as Category A subspecialty.

### **2. OBJECTIVES**

The aim of the subspecialty training in gastrointestinal and hepatobiliary (GI/HB) radiology is to ensure a trainee at the end of training period to have:

- 2.1 An in-depth knowledge of current theoretical and practical developments in the subspecialty.
- 2.2 Detailed understanding of indications, contraindications and complications of radiological procedures in GI/HB diseases.
- 2.3 Ability to perform GI/HB radiological procedures independently.
- 2.4 Ability to manage clinical consultation related to the subspecialty.
- 2.5 Competence in clinical rounds and meetings.

### **3. TRAINING REQUIREMENTS**

#### **3.1 TRAINING CENTRE REQUIREMENTS**

- 3.1.1 Facilities include fluoroscopy, angiography, US, CT, MRI and NM.
- 3.1.2 Endoscopic and laparoscopic procedures should be available in the clinical departments of the Training Centre.

#### **3.2 TRAINER REQUIREMENT**

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

### 3.3 DURATION OF TRAINING

Six months of training is preferable.  
Three months of training is acceptable.

### 3.4 DUTY SESSIONS

3.4.1 No less than five sessions per week specific for the subspecialty.

3.4.2 Attachment to another centre on sessional basis is advisable if exposure is inadequate or unavailable.

### 3.5 MINIMUM NUMBER OF EXAMINATIONS REQUIRED FOR 6 MONTHS OF TRAINING

| <b>Examinations</b>                                       | <b>RIS Coding</b>  | <b>Requirement</b> |
|---|--|--------------------|
| Fluoroscopic Examinations                                 | 2102 Cine Pharyngogram<br>2104 Swallow Oesophagogram<br>2105 Meal<br>2106 Meal and follow through<br>2107 Small bowel enema<br>2108 Enema<br>2109 Defaecogram<br>2114 Catheter Cholangiogram<br>2116 Small Bowel Follow through<br>2118 Catheter cholecystogram                      | Total 40           |
| Ultrasound Scans  | 3101 Abdominal Organs<br>3101.04 Abdomen and Pelvis<br>3102 Intestine / Appendix<br>3318 Contrast US   | Total 300          |
| CT Scans  | 4203 Plain CT Abdomen<br>4204 Contrast Enhanced CT Abdomen<br>4404 CT Angiogram<br>4223 Plain Enteroclysis<br>4224 IV contrast Enteroclysis<br>4225 CT Peritoneogram   | Total 300          |
| Plain CT Colonography<br>+ IV contrast CT<br>Colonography | 4221 Plain CT colonography<br>4222 IV contrast CT colonography   | Total 80           |
| MRI Scans   | 8305 Plain MRI Abdomen<br>8306 Contrast Enhanced MRI Abdomen<br>8307 Plain MRI Abdomen (Survey)<br>8308 Contrast Enhanced MRI Abdomen (Survey)<br>8311 MR Cholangiopancreatography<br>8318 MR Colonography<br>8319 MR Enteroclysis<br>8309 MRI Pelvis<br>8310 IV contrast MRI Pelvis | Total 120          |

| <b>Examinations</b>                | <b>RIS Coding</b>  | <b>Requirement</b> |
|------------------------------------|--|--------------------|
|                                    | 8321 IV contrast enhanced MRI Liver (with liver-specific contrast agent)<br>8317 Contrast enhanced MR Cholangiopancreatography (with liver-specific contrast agent)<br>8614 Diffusion weighted imaging (extra-cranial)   |                    |
| Related Vascular IR Procedures     | 6108 Coeliac Arteriogram<br>6109 Superior Mesenteric Arteriogram<br>6110 Inferior Mesenteric Arteriogram<br>6209 Direct portography<br>6301.AA Abdominal Artery Embolization<br>6301.AV Abdominal Vein Embolization<br>6301.TC TACE, hepatic<br>6301.TR SIRT, hepatic  | Total 40           |
| Related Non-vascular IR Procedures | 7103-7107 Needle Aspiration / Biopsy<br>7108-7109 Fluid / Abscess Drainage<br>7201 Percutaneous Transhepatic Cholangiography<br>7202 Percutaneous Transhepatic Biliary Drainage<br>7207 Percutaneous cholecystostomy<br>7502.LI Ablation by injection, liver<br>7512.HR RF ablation, liver<br>7512.HT Thermal ablation, liver<br>7512.HC Cryoablation, liver | Total 30           |
| PET CT                             | 9P44 Whole body PET-CT for Oncology FDG<br>9C44 Whole body PET-CT for Oncology FDG + contrast enhanced CT  | 10                 |
| Nuclear Medicine Scans             | 9310 HIDA<br>9320 Gastroesophageal reflux<br>9321 Aspiration study<br>9330 GI Bleeding Tc – RBC<br>9331 GI Bleeding Tc – SC<br>9332 GI Bleeding Tc – Ultra Tag<br>9370 Meckel’s Scan<br>9390 Human Serum Albumin Scan<br>9740 Liver MAA<br>9742 Liver Y90  | Some exposure*     |

\* Some exposure to Nuclear Medicine scans in Gastrointestinal and Hepatobiliary systems is highly encouraged. The cases observed should be recorded.

3.5.1 The requirement for 3 months of training will be 50% that for 6 months of training.

### 3.6 CLINICAL RADIOLOGICAL CONFERENCES AND OTHER MEETINGS

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

### 3.7 PRESENTATIONS AND PUBLICATIONS

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

3.8 OPTIONAL REQUIREMENT

Observe 20 endoscopic / laparoscopic procedures, thermal ablation of liver tumours, portal vein embolization, radioembolization of liver tumour and contrast ultrasound of abdomen. These can be in the form of actual hands-on experience or as an observer. Trainees should document the cases in the trainee's logbook to reflect the training experience.

*Last version endorsed by HKAM Council Meeting on 20 October 2016 and effective from 1 July 2017  
Revised version endorsed by HKAM Council Meeting on 18 November 2021 and effective from 1 July 2022*