**REVIEW of the ETR Radiology**

The ETR presents a detailed overview of the content of training (part 1), in terms of skills and competencies and attitudes as learning outcomes, following a subdivision in subjects corresponding with anatomical regions (paragraphs 1-3, 5-7, 9, 10, 12), and specific fields covering general and technical subjects (paragraphs 4,8,11,13-18) Part 2 and 3 describe in more general terms the specific requirements for trainers and training institutions.

A two level approach is taken for the content of training:

Level 1: 3 years, in which trainees are required to cover all domains

Level 2: 2 years, in which at least 2 domains are chosen, for 50% of training time, whilst the other 50% of training time is devoted to maintaining and expanding training in general radiology.

Comments:

**Part 1.**

In general, the ETR is of high quality and Part 1 is extensively covered.

However, the ETR mentions general radiology at several instances (e.g. pages 55, 140), without specifying what is meant with this term, nor what would be the expected competence level by the end of training.

**Level B-1 and Level B-2 modules**

Some of the paragraphs of Part 1 have an introduction whilst other lack an introduction; there would be more homogeneity if all the paragraphs would have a similar design. There would be more homogeneity if the anatomical regions would be covered first after which the other domains are described. Paragraph B-1-18 has erroneously not been included under Level B-1 but level B-2.

Most of the paragraphs describe general professional competencies such as reporting and appreciation of own limitations etc., while these competencies would fit perfectly in the paragraph of communication and management. Particularly, since the ETR specifies a professional development and life long learning approach, a paragraph on these and other general competencies would highlight such an approach.

Research and publication: Putting all the emphasis on actually performing research and publishing could have a serious adverse effect, in that it would boost  the already exponentially increasing volume of research information and the probable churning out of forcibly produced research of little clinical consequence. Much more emphasis should be placed on intensive training in *appraisal of research evidence*. This could help  in reversing a very worrying , though currently underestimated, trend.

**Documentation of Training and Assessments**

Although it is stipulated that a logbook should be maintained, it is not mentioned what content it should contain. Neither has been described how the assessment process should be designed, regarding assessment tools and programme, instead general statements are made, see page 145.

*“At the end of training, objective assessment of an achieved standard should be made according to national custom and practice”*

Surely, the letter and spirit of the UEMS ETR process is meant to support the National Authorities in achieving UEMS standards, in the ultimate interest of patient safety. One should be careful not to reverse this process. The same document on the same page points out:

“*A European Board of Radiology (EBR)-coordinated European Diploma in Radiology (EDiR) is available to supplement these national evaluations.”*

The two statements in italics carry a degree of contradiction. The ETR committee would support the latter. It would even be a step forward if the European Assessment actually replaces the National one as a yardstick of competence.

It would be preferable to maintain a portfolio rather than a logbook in the strict sense. This would allow for a better documentation of all activities of the trainee, including keeping track of level of competence. If the method of grading competencies in the Logbook could be given more prominence, the concept of Entrustable Professional Activity (EPA) could be used. An EPA is ‘a critical part of professional work that can be identified as a unit to be entrusted to a trainee once sufficient competence has been reached’. This would indicate whether one could trust the individual to perform the job. In particular, when trainees go into level 2 of training, choosing specific fields of interest while also maintaining “general radiology” (see comments above), tracking competence and performance could benefit from such a portfolio.

The summative assessment leading to *European Diploma in Radiology (EDiR)* is in place and running. One should expand more on this in much more detail. It should include Internal and External Quality Assurance of this summative assessment, the latter by UEMS-CESMA.

Course participation (page 144)

Attendance at meetings and courses is not equivalent to attention. One should avoid a criterion which just involves ’ticking a box’. There should be a mechanism where the absorption and assimilation (what one gained), is assessed.

**Parts 2 and 3.**

No comments.

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September 2-18