

RADIOLOGY TRAINEE QUESTIONNAIRE

(This form is confidential and only the ETAP assessor and co-assessor will have access to it)

Name:

Date: DD/ MM/ YYYY

To be completed by all radiologists currently in training (residents)

- 1** When were you appointed to a training post in this programme?
[month/year]
- 2** Have you previously spent time in a training post in any other training programme?
YES/NO

If **YES**, state what period
[months/years]

(There is no need to mention the name of the other programme)
- 3** Are you aware of the European Diploma in Radiology (EDiR)?
 - 3a** Do you plan on taking the European Diploma in Radiology (EDiR)?
 - 3b** If **YES**, why? If **NO**, why not?
- 4** Please comment on the STRUCTURE AND MANAGEMENT OF TRAINING in the programme as a whole including the management of the programme and the compliance with the general requirements of the ESR European Training Curriculum for Radiology (e.g. with regard to supervision of work).
- 5** Please comment on the DELIVERY OF TRAINING, with particular emphasis on the requirements of the ESR European Training Curriculum for Radiology in each year of training (e.g. the comprehensiveness of basic training, the options for subspecialty training).
- 6** Please comment on the DELIVERY OF EDUCATION, (e.g. the structure, content and effectiveness of the teaching programme at each stage of training). Please also comment on the arrangements for study leave.

- 7** Please comment on the RADIOLOGY TRAINING FACILITIES AND RESOURCES in the programme (e.g. library facilities, IT resources, the quality of imaging equipment, the availability of study space).
- 8** Please comment on the opportunities for RESEARCH and AUDIT and on the EXAMINATION RESULTS in the programme.
- 9** Does your programme require non-radiological clinical experience prior to entering the radiology training programme?
- If yes, for how long and in which areas?
- 9a How is non-radiological clinical experience gained during the radiological training programme?
- 10** Please describe any improvements you would wish to see in relation to any of the areas covered in 4-8 above. You may wish to list strengths, weaknesses, opportunities or threats (SWOT analysis)

**SAMPLE
NOT TO BE FILLED**