

ETAP

*European Training
Assessment Programme*

A joint project of the
European Board of Radiology (EBR)

and

the Radiology Section of the
Union Européenne des Médecins Spécialistes (UEMS)



Terms and Conditions for the European Training Assessment Programme 2.0

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I. GENERAL STATEMENT

1. The European Union of Medical Specialists (henceforth, UEMS) is a non-governmental organisation representing national associations of medical specialists in the European Union and in associated countries.
2. The European Board of Radiology (henceforth, EBR) is an organisation dedicated to the investigation, development and implementation of certification and accreditation activities and programmes, including examinations and other instruments of qualification certification for general and sub-specialised physicians, programme evaluation and accreditation of continuing medical education activities, accreditation of training institutions and similar organisations, as well as monitoring and harmonising qualification and training standards in the field of radiology and imaging diagnosis in Europe.
3. The Section of Radiology of the UEMS and the former European Association of Radiology (EAR) were cooperating since 2001 in a joint initiative equally funded by both partners with the aims of:
 - a. Improving and harmonising the standards of radiology training in Europe based on the ESR European Training Curriculum for Radiology (ETC)
 - b. Providing institutions that offer postgraduate radiology education with objective assessment of their training programmes by assessors (ETAP Committee members) in the ESR Institutional and associate member countries.
 - c. Developing assessment systems and guidelines for use by postgraduate education authorities at a national level.
4. In March 2016 it was agreed to shift the project from the ESR to the EBR. Its specialist body, in charge of the undertaking of the aforesaid aims in collaboration with the UEMS Radiology section is called European Training Assessment Programme (hereafter, ETAP). The UEMS Section of Radiology and the EBR, hereinafter are referred to as UEMS/EBR.
5. As a result of the aforementioned, UEMS and EBR have implemented and approved these Terms and Conditions that describe the criteria and mechanisms for the ETAP assessment and certification of radiology training departments.



6. The scope of the accreditation granted accordingly to these Terms and Conditions is limited to:
- The structure and management of the training programme
 - Delivery of training
 - Delivery of education
 - Radiology training facilities and resources
 - Research, audit and examinations
 - Conclusions and recommendations
 - Accreditation of compliance with the [ESR European Training Curriculum for Radiology \(ETC\)](#), endorsed by the UEMS as UEMS2013.26_Radiology_European Curriculum
7. These Terms and Conditions contain the updated criteria and mechanisms applied by UEMS/EBR during the assessment process and serve as a binding contract between the UEMS/EBR and the applicant institution for the ETAP assessment.
8. All applicant institutions must familiarize themselves with these Terms and Conditions before applying for the ETAP assessment.
9. By paying the accreditation fee established in section II.4 of this document, the applicant institution agrees to these Terms and Conditions.
10. The UEMS/EBR reserves the right to make the final decision in all matters relating to the ETAP assessment and certification, including the final decision on the compliance with the eligibility criteria of the applicant institutions.
11. Previous and mandatory step before application
- i. Before the beginning of the formal application process, the Applicant Institution must complete the online application form available on the EBR website and send the application form and any additional required documents to the EBR Office.
 - ii. Once the application form and its additional documents have been fulfilled and submitted by the Applicant institution, the ETAP Scientific Committee will review the compliance with the [eligibility criteria](#) and issue a decision concerning whether the applicant



Institution qualifies for the assessment and inform the Institution about the results of the aforesaid evaluation.

- iii. If the Applicant Institution is eligible for the assessment, it will receive from the EBR/ETAP office the instructions to formally begin the application process via its online platform.

The Applicant must not use the model forms attached to these Terms and Conditions, which are only for information purposes. The ETAP will not accept any application or document presented in any other way than the one described.





PART II.- SPECIFIC PROVISIONS FOR THE ASSESSMENT AND CERTIFICATION BY THE EUROPEAN TRAINING ASSESSMENT PROGRAMME

II.1 REQUIRED DOCUMENTATION

1. In order to have an application for the ETAP assessment considered by EBR/UEMS, the applicant institution must submit via the [ETAP platform](https://etap.myebr.org), fully completed and submitted in English, as well as all documents provided by the centre, the following documents at different stages:
 1. The application form to be completed online:
<https://etap.myebr.org/apply/>
 2. Once the decision on the eligibility and confirmation of the applicant institution has been made, the following documents will be required:
 - ii. ETAP Centre assessment questionnaire (Annex 1)
 - iii. ETAP Junior staff questionnaire (Annex 2)
 - iv. A video of its facilities and equipment following the instructions of the “Video features” document (Annex 3)
 - v. Completed table about the Institution’s equipment and required information including brands, models, years, pictures, etc. (table and required information will be fulfilled in the ETAP Centre assessment questionnaire)
 - vi. Any required legal documents, if necessary, including the Confidentiality Agreement (Annex 4)
2. The applicant has to ensure that suitable responses have been provided for each section of all above mentioned documents.
3. The only application form that will be accepted is the one made available at the EBR website: <https://etap.myebr.org>.
4. No applications sent on paper or by email will be considered. As applications can only be received in English, applicants will be responsible for the translation of all submitted materials, if necessary.
5. Applicant institutions are responsible for the validity of all documents and application data.



6. The EBR will provide the applicant institution with a document containing rules and suggestions regarding:

(a) The confidentiality agreement to be signed between the Institution and EBR: The EBR will not publish any of the contents received from the applicant institution, since the aforesaid material will only be used for internal certification purposes; the document will be provided to the Institution via email once the Institution is given access to the platform. The document has to be signed within four (4) weeks, from the moment it has been provided to the Institution;

(b) These ETAP Terms and Conditions.

II.2 ELIGIBILITY CRITERIA

Your institution:

1. Must be in one of the ESR institutional member countries or ESR associate member countries
2. Offers full post-graduate radiology residency training, i.e. full training in all aspects of radiology. The training can be performed in the main centre and also associated centres
3. Should have at least 2 residents per year
4. Should offer a minimum of 4 years of training (institutions with 3 years of training please contact the ETAP office)

II.3. APPLICATION AND ASSESSMENT STEPS

1st. Stage

- a. The Application form is sent to the EBR Office via the [ETAP platform](#) on the EBR website.
- b. The ETAP Committee evaluates the application and the EBR/ ETAP office informs the Institution about the result of the evaluation, whether the centre is eligible or not.
- c. EBR provides the Institution with a login and password to access the ETAP platform once the payment of the established fee has been made.
- d. The Institution is asked to send several days and time slots (each interview lasting for 15 minutes) in which the online interviews could take place. All interviews are normally held in one morning, i.e. 2-3 hours depending on the number of people to be interviewed.



- e. The date and time slot of the interviews are fixed and a team of three assessors is appointed by the chairperson of the ETAP: an assessor who leads the team and a co-assessor (one from the ESR/EBR and one from the UEMS on a rotative basis) and a third junior assessor from the ESR Radiology Trainees Forum (RTF) or the European Junior Doctors (EJD) radiology representative to the UEMS to include the perspective of a trainee.

2nd. Stage

- a. From the moment the institution has access to the platform, it has to complete the centre assessment questionnaire and a separate questionnaire for the Institution's present trainees via the ETAP platform will be provided (to the trainees only), which must be both completed within four (5) weeks from the date in which access to the platform has been provided to the Institution. At least 50% of the trainees shall respond to the questionnaire in order to have a more complete picture of their view.
- b. The Institution uploads the video (s) of the facilities to the ETAP platform, following the instructions of the "Video features" document, within five (5) weeks.
- c. All completed questionnaires and the video will be made available to the assessors.

Note: The aim of this process is to allow the assessors to scrutinise the submitted documents and to come to an initial view as to the qualities of the training Institution in preparation of the assessment itself and the online interviews.

3rd. Stage

The lead assessor reviews with the assessors the documents and the video of the facilities on the ETAP platform within two (2) weeks. Preliminary evaluation, preparation and holding of online interviews.

The online interviews take place according to the date and time slots agreed and taking into account the established deadlines. The assessors should meet and have discussions with (to be adapted to each institution depending on its training department structure):

- Head of the radiology department or a deputy
- Head of the education programme
- One of the trainees' tutors



- One attending involved in the training programme or a deputy involved in the training programme
- Head of the trainees
- Two trainees (ideally one junior trainee and one senior trainee), with the possibility of interviewing a third trainee if the assessors consider it necessary.

4th. Stage	The lead assessor drafts a report, together with the co-assessor and the third junior assessor based on the institution assessment questionnaire and video features and the notes made at the time of the online interviews including recommendations. The report and final decision on the certification is then sent to the ETAP chairperson for consensus and ratification before being communicated to the assessed institution.
5th. Stage	The ETAP Certificate of Excellence will be made available for its download at the user area of the certificated institution.
6th. Stage	The EBR Office makes available a feedback form for the Institution, attached as Annex 5, which should be completed for a short-term follow-up of the assessment.
7th. Stage	Six (6) months after having sent the final report and decision on the certification, the EBR Office makes available another feedback form to the Institution and/or asks to provide a follow up to get insight on the long-term results of the assessment.

II.4. FEES, COSTS AND PAYMENT POLICY

Fees:

The fee for an application to the EBR/ UEMS for the accreditation of the Institution under these Terms and Conditions is determined in accordance with the following scale of fees per assessment:

- (i) For institutions from ESR Institutional member societies countries: 950.- €
- (ii) For ESR Associate Institutional member societies countries: 1,500.- €

As with any contractual agreement, all invoices that will be issued by EBR must be paid by the applicant.



UEMS/EBR reserves the right, at its sole discretion, to change the fees at any time. Applications already submitted will be charged at the rate applicable at the time they were made.

Payment Policy:

1. Full payment must be received by the deadline indicated by the EBR office.
2. Only applications for which full payment has been received will be accepted. The assessment process will be started and access to the platform will be provided once the full payment of the application fee has been received.
3. No refunds can be provided for incomplete applications. No refunds shall be provided if an applicant withdraws their application.

II. 5. SCORING AND CERTIFICATION

The Certification will be granted after successful assessment of the radiology training programme. The ETAP certification expires after 5 years.

The scoring is only a guidance for the assessors and in any case the scoring will determine the type of certificate. The ETAP is a Certificate of Quality Radiology Training that aims to set a standard of training in Radiology based on the ESR European Training Curriculum:

•ETAP certifies that the assessed training programmes have training standards according to the principles established in the ESR ETC (European Training Curriculum) and cover all aspects of education with all modalities of imaging.

Areas of Evaluation:

- **Structure and Management of the Training Programme**
 - Overall management of the programme
 - Conformity with the ESR European Training Curriculum for Radiology (ETC)
 - Trainee support/counselling/appraisal arrangements
 - Balance between service commitments and training
- **Delivery of Training**
 - Quality of Year 1-3 rotations
 - Quality of Year 4-5 subspecialty options (including flexibility of arrangements)
 - Clinic-radiological meetings
 - Training in management of radiology services



- **Delivery of Education**
 - Tutorial/lecture programme general radiology
 - Tutorial/lecture programme sub-speciality option
 - **Radiology training facilities and resources**
 - Book/journal library
 - Film/computer based library
 - Seminar/lecture/tutorial facilities (including audio-visual aids)
 - Personal space for trainees
 - Equipment in maintaining imaging departments
- 5. Outcomes**
- Research training/supervision/facilities
 - Research and audit output
 - Examination results (if applicable)

Assessment criteria:

The evaluation of the different areas is the result of the assessment, based on the ESR European Training Curriculum (ESR ETC). The information given in the questionnaire, which is afterwards ratified in the interviews and the video of the facilities, determines the suitability of the assessed training programme with the ESR ETC.

A minimum threshold has been established for the certification of a training programme. The Applicant Institution would fail the certification if the scoring obtained is under 60%.

Following the weights given to each component of the assessment programme, the formula to obtain the final result that determines the percentage reached would be as follows:

- Phase 1: Centre submission questionnaire (70%)
- Phase 2: Video material submitted by the applicant (5%);
- Phase 3: Interviews between assessors and relevant members of the training institution (25%)

II.6. REASSESSMENT PROCESS

1. Section II.4 and III.3.4.a) indicate that ETAP certificates will expire after five (5) years. Consequently, EBR will inform the centres of this expiry one (1)



month before the expiry date, in order to give the centre, the possibility to carry out the reassessment process.

The centre shall communicate its reply (affirmative or negative), regarding its willingness to renew the ETAP certificates and its intention to carry out the reassessment process.

2. In the event that the centre expresses its acceptance, EBR will issue the corresponding invoice for the amount of ONE HUNDRED AND FIFTY EUROS (550.00€), which must be paid by the centre within thirty (30) days from the date of issue.

Once the amount has been paid, the centre will receive access to the reassessment questionnaire, which will not be scored, to be completed by the centre within four (4) weeks.

3. Within the four (4) weeks indicated above, the ETAP will send the anonymous residents' questionnaire to the trainees.
4. The team of assessors will have one (1) week to review the information provided in the ETAP reassessment questionnaire from the date of receipt of the information.
5. Once the information has been reviewed, the assessors will contact the centre to organise interviews, which will last fifteen (15) minutes. These should be held with the head of department, the head of trainers and one or two trainee residents (preferably at least one senior resident).
6. Once this process has been completed, the assessors will decide on the final outcome and will draft the final report (containing a SWOT analysis).
7. If the centre is successfully reassessed, it will be granted the ETAP Quality Training Certification for a further period of five (5) additional years from the date of reassessment.



II. 7 APPEAL PROCESS

An institution, or any person on behalf of that institution duly authorized, wishing to appeal any aspects of an ETAP procedure, should address such appeal to the Chairman of the ETAP Appeals Committee, in writing.

1. The ETAP Appeals Committee will have a formal procedure in place to deal with the request of an assessed institution for appeal against the assessment results as outlined hereunder.
2. The ETAP Appeals Committee shall be composed of a chairman and 2 judges co-opted by the ESR and the UEMS. The members shall include two appointees from the ETAP Scientific Committee, with recognized expertise in the ESR European Training Curriculum of Radiology; and the current Scientific Director of the ETAP Scientific Committee in the position of chairman. Function period comprises two years. For each member of the ETAP Appeals Committee a substitute has to be nominated by the respective body.
3. The ETAP Appeals Committee will consider every request for appeal formally made regarding the Assessment procedure. Should the evaluated institution have initiated legal proceedings (before judicial authorities or any other governmental authority), the Appealing Process may not be invoked under any circumstances.
4. According to the aforementioned, institutions may not appeal against the academic judgment of the assessors. However, appeals will be considered when an institution has reasons to believe that:
 - a) There may have been an error in the collation of the evaluation (example: the assessor rejected a correct answer).
 - b) There may have been an irregularity in the conduct of the evaluation (example: incorrect documentation).
 - c) The ETAP Scientific Committee may have failed to take into account extenuating circumstances of which it had been informed prior to the evaluation.



- d) The ETAP Scientific Committee may have failed to make allowance for unusual evaluation conditions.
- e) Unlawful discrimination against the institution may have occurred.
- f) Malpractice in the marking of the institution's evaluation may have occurred.

5. The appeal process will proceed in three stages:

5.1 Submission of request for appeal

5.1.1 Formal requests for appeal must be submitted, in written, to etap@myebr.org by the institution to whom the request relates within two (2) weeks after having received the results of the evaluation in question. Forms should be submitted to the ETAP Appeals Committee Officer.

5.1.2 In the written appeal an exact cause has to be defined, following the possible reasons that any institution can claim

5.1.3 The ETAP Appeals Committee Officer or deputy will acknowledge receipt of the form, and inform about the appeal to the ETAP Scientific Director and the Chairman of the ETAP Appeals Committee within seven (7) working days after having received the formal request. The Chairman of the ETAP Appeals Committee will then call a meeting of the ETAP Appeals Committee. The ETAP Appeals Committee can deal with these issues in teleconferences, as no formal (physical) meeting is required.

5.1.4 The ETAP Appeals Committee will discuss and consider the admissibility of the appeal. If the appeal is considered inadmissible, the institution will be immediately informed.

5.2. Formal hearing of appeal



- 5.2.1** If the appeal is considered admissible, the ETAP Appeals Committee Officer will inform the appellant that the appeal progresses. ETAP Appeals Committee will also be informed that the appeal is admissible.
- 5.2.2** The ETAP Appeal Committee has a quorum if the Chairman and at least two judges are present. The ETAP Appeal Committee decides upon objections with a simple majority voting. Abstentions are not allowed. If there is no majority, the Chairman of the committee decides.
- 5.2.3** The Chairman of the ETAP Appeals Committee will activate the Appealing Committee which will be made up as follows:
- a) A Chairperson
 - b) Three assessors that were not involved in the institution assessment of the appellant in the evaluation under appeal
 - c) An external assessor
 - d) A Legal adviser
 - e) An Appealing Committee Secretary, to minute the meeting but not to participate in the decision.
- 5.2.4** The Appealing Committee Secretary will inform the appellant of the names of the Committee members and about the date, time and location of the hearing, giving at least two (2) weeks notice to the appellant.
- 5.2.5** The Appealing Committee will take into consideration all admissible documentation and written statements from all those involved, and may have the right to receive evidence from nominated experts or witnesses, if appropriate. The appellant will have an opportunity to present his or her case, in person or through a representative duly authorized.



5.3. Outcome of the appeal

- 5.3.1** The Appealing Committee will deliberate in private and may decide the dismissal of the appeal or its approval. The decision will be carried out by a simple majority voting, no later than four (4) weeks after the appeal has been raised. In any case, the Appealing Committee's decisions are final and are not subject to review by the ETAP Scientific Committee, as the Appealing Committee is the court of last resort.
- 5.3.2** If the appeal is upheld, the grounds on which the appeal is successful will be defined. In this sense, if it can be proven that the institution scored the marks required to be certified but was not credited with them because of an administrative or any other kind of error, the previous procedure result may be declared void and the institution should be awarded with the Certificate.
- 5.3.3** A written statement regarding the decision of the Appeal Committee will be issued to the contestant within two (2) weeks after such decision.
- 5.3.4.** If the Appeals Committee rules in favour of the institution, no costs will be incurred by the latter. If the Committee rules in favour of the ETAP Scientific committee evaluation, result costs in relation to the enquiry shall be borne by the institution. In this sense, any documentation that may have supported the institution with the appeal should be enclosed along with the appeals cost.



PART III.- GENERAL DISPOSITIONS OF THE PROCEEDING FOR THE ASSESSMENT AND THE REASSESSMENT OF THE RADIOLOGY TRAINING DEPARTMENT OF AN INSTITUTION

III.1. ASSESSMENT REGULATIONS

The EBR commits to:

- Provide, on the ETAP platform or via email, all forms required and documentation based on the criteria set out in this document;
- Ensure confidentiality regarding the application submitted;
- Confirm to the applicant that the application is complete (including payment of the invoice) and that the assessment process has begun;

Publishing, on its website, the list of Institutions successfully certified.

III.2. DATA PROTECTION AND PRIVACY

1. In accordance with the Spanish Data Protection Regulation (Law 15/1999 of December 15, on Personal Data Protection), the personal data collected by the EBR will be incorporated into a of its ownership. . EBR agrees and undertakes to comply with all applicable EU and national legislation in the field of personal data protection and privacy laws and in particular Spanish Fundamental Law 15/1999, dated December 13th, on Protection of Personal Data and its corresponding regulations, and from May 25, 2018, the Regulation (EU) 2016/679 of the European Parliament and of the Council, of 27 April 2016, on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, and repealing Directive 95/46/EC (General Data Protection Regulation, GDPR).
2. Applicants allow the EBR to store and treat their personal data. The EBR shall not use such personal data for purposes other than those related to the ETAP certification herein listed:
 - a. Purpose I: management of the applicants information for the certification of the radiology training departments in the relevant Hospital.
 - b. Purpose II: EBR communications relating information and advertising of products and services of the company, under the express consent of the candidate.



3. Any provided data will be kept for the period of duration of the assessment process in which it was collected and during the period in which the contractual relationship between the user and EBR remains in force, as well as for as many required years as to comply with legal obligations. Any data processing relating Purpose II (advertisement and communications) shall not exceed a period of three (3) years since the date the result of the assessment has been communicated to the centre.
4. The provided data will not be transferred to third parties except in cases in which there is a legal obligation to do so or in which we have obtained your previous and express consent. EBR ensures that its employees and subcontractors who obtain or have access to such personal data comply at all times with the applicable legislation in terms of privacy and protection of personal data and have undertaken the same obligations as the relevant Party has under the present Agreement; supervises the Data Processing, which shall be performed under a legitimate interest; and undertakes to conduct, when applicable, Risk Analysis or Impact Assessment (DPIA) on Data protection.
5. Applicants may exercise their right of information, access, rectification, cancellation, opposition, deletion, transmission, limitation of the processing and to not be subject to automatic individual decisions in relation with their personal data. The exercise of these rights must be made in writing, to the following contact details:

Responsible: EUROPEAN BOARD OF RADIOLOGY, S.L.

NIF: B-65668006

Mailing address: Av. Diagonal, 383, Sobreático 1. 08008 Barcelona (Spain)

Phone: (+34) 936 764 169

Fax: (+34) 934 676 694

Email: administration@myebr.org

III.3.OUTCOME

1. Until confirmation of accreditation has been sent to the applicant, the only permissible statement that can be made on material related to the Institution is “An application has been made to the UEMS/EBR for ETAP accreditation of this event/material”. The use of any statement by the applicant that suggests



that accreditation has been granted, or has been provisionally granted will result in automatic rejection of the application.

2. Confirmation of accreditation of the Institution by the UEMS/EBR will permit the applicant to use a statement to this effect prepared by the UEMS/EBR on and within the material. Only after confirmation of accreditation has been made can the applicant use the UEMS and EBR logos on material related to the Institution. Any unauthorised use of these logos will result in action being taken by the UEMS/EBR.
3. Accreditation by the UEMS/EBR will be for the specific Institution designated on the application form. It is not permissible to transfer this accreditation to any other event.
4. The Certificates of accreditation are granted under the following restrictions:
 - a. All certificates reach its expiration date after 5 years.
 - b. If the scientific criteria which granted the certificate are no longer reached by the certified centre, or falls to meet with the eligibility requirements that determine an applicant centre to obtain the Certificate.
 - c. If a centre does not comply with the requirements to be granted any of the ETAP certificates, the centre may apply for a new assessment following the ETAP assessors' recommendations in the ETAP final report.

The Institution whose Certificate had expired will automatically lose all the benefits granted by it, and shall restart the ETAP Assessment procedure in order to obtain a new Certificate. In any case, the Institution may carry out the reassessment process under the terms described in the following section.

**EUROPEAN TRAINING ASSESSMENT PROGRAMME
CENTRE SUBMISSION OF YOUR TRAINING PROGRAMME**

To be completed by the Head of Training

1 BACKGROUND INFORMATION

1.1 Complete name of the Hospital to which the Radiology training department belongs:

1.2 Population served:

1.3 Type of hospital (University Hospital, General Hospital, Specialist Hospital, Other):

Total number of beds:

Number of acute beds:

Head of Training:

1.4 Medical School to which centre is affiliated:

1.5 Radiological staff in medical school involved in teaching to trainees that do not belong to the radiology department (please insert the names below):

Name:

Post:

Base:

Clinical interests:

1.6 Department of Radiology:

Telephone number:

Fax number (optional):

Chair:

Details of radiological staff (please provide the following details for all specialist radiologists from all hospitals that are part of the training programme):

Name of staff radiologist:

Special interest(s):

Name of staff radiologist:

Special interest(s):

Name of staff radiologist:

Special interest(s):

Name of staff radiologist:

SAMPLE
NOT TO BE FILLED

Special interest(s):

Name of staff radiologist:

Special interest(s):

Name of staff radiologist:

Special interest(s):

Name of staff radiologist:

Special interest(s):

1.7 Is the Nuclear Medicine Department separated from the radiology department?

If the Nuclear Medicine department is within the radiology department, the staff information should be included in the above section. If so the Nuclear Medicine Department is a separated department (please give details of number of staff and contribution to training)

1.8 Other hospitals/hospital departments/private practices for which *this* department provides a service (send appendix, if appropriate, to etap@myebr.org)

1.9 Junior Radiologists/Residents Representative:

1.10 How is the selection of residents done in your centre? Is the centre responsible of selecting the residents? Based on an exam? Based on an interview? Or national based? Please explain the procedure in your centre for the selection.

2 COMMITTEE STRUCTURE

2.1 Composition of the management committee for the training centre, if such a committee exists (duplicate as appropriate):

Chair:

Members:

Junior Representatives:

Post: Head of the training programme of the Hospital

Name:

Role:

Hospital:

(duplicate as appropriate)

2.2 Name of study leave co-ordinator(s)* (if different from the tutor):

2.3 Name of research co-ordinator(s)*:

(***Tutor:** She/He is responsible for ensuring the quality of Clinical Radiology training within the radiology department and taking care of the concerns of the trainees about the training programme. A tutor may also help trainees to develop study skills and organization techniques to help improve their academic performance

Study leave co-ordinator: It is the person who ensures that the trainees are knowledgeable about leave issues and approves, in coordination with the tutor, the development plan.

Clinical supervisor: It is a consultant who is responsible for overseeing the trainees rotation through their departments and providing feedback. A trainee may have more than one.

Research co-ordinator: She or he is responsible for planning, directing, or coordinating clinical research projects, as well as directing the activities of workers engaged in clinical research projects to ensure compliance with protocols and overall clinical objectives.)

2.4 Other co-ordinator(s):

(please list names and roles of other major individuals contributing to radiology training not already listed above):

3 DETAILS OF RESIDENTS

3.1 List names and year of training of all trainees currently registered with your training centre as a whole:

What is your total resident establishment?
Residents in national programme:
Residents in special fellowships:
Residents only undertaking research:
Honorary residents from overseas:
Others:

3.2 Deployment of residents:

Please give an overall plan in tabular form of how your residents are deployed within the centre:

Name of	Number	Number in	Number in	Number in	Number in
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hospital	in year 1	year 2	year 3	year 4	year 5

4 STRUCTURE AND MANAGEMENT OF THE PROGRAMME

a) Management Structure

4.1. How is the training programme managed at your centre?

Describe how you undertake the following:

- Trainees/trainer appraisal,
- Log book supervision,
- Counselling arrangements.

4.2. Does the centre have a process of external assessment or peer review of training?

4.3. Does the training centre have a written curriculum?

4.3.1. Is the written curriculum provided to the trainees at the beginning of training?

4.3.2. Is the curriculum compatible with the core national radiology curriculum?

4.3.3. Does the curriculum match the ESR's European Training Curriculum for Radiology number of training years?

If not, indicate the number of years of the training programme

4.3.4. Does the training programme match the ESR's 3+2 concept?

If not, indicate the programme used

4.3.5. Does the curriculum lists the educational goals and objectives of the programme with respect to knowledge, skills and competences of residents at each level of training and for each major training task?

Please specify the educational goals of your programme in these three aspects.

4.4. With the help of the curriculum, is it possible for trainees to acquire a satisfactory knowledge of radiation physics during the first three years?

4.4.1. Is there a specific training course in physics?

4.4.2. How many hours of training in physics are provided to trainees?

4.4.3. Is the physics department responsible for the training?

4.4.4. Do trainees have to pass an exam and get a certification after the physics training?

4.5. Based on the curriculum, is it possible for trainees to acquire a satisfactory knowledge of the physical basis of image formation in all imaging techniques during the first three years?

4.5.1. Does the programme provide training in physics for the different modalities?

4.5.2. If, yes how many hours of training?

4.6. With the help of the curriculum, is it possible for trainees to acquire a detailed knowledge of normal imaging anatomy in the early stages of training?

4.7. With the help of the curriculum, is it possible for trainees to acquire a satisfactory knowledge of quality control, management and leadership during the first three years?

4.7.1. Do trainees have a specific teaching in quality, management and leadership?

4.7.2. If yes, how many hours?

4.8. With the help of the curriculum, is it possible for trainees to acquire a satisfactory knowledge of picture archiving and communication during the first three years?

4.8.1. With the help of the curriculum, is it possible for trainees to acquire a satisfactory knowledge of radiation biology during the first three years?

4.9. With the help of the curriculum, is it possible for trainees to acquire a satisfactory knowledge of radiation protection during the first three years?

4.9.1. Do the trainees have a specific course on radiation protection?

4.9.1.1. If yes, how many hours?

4.9.2 Does your centre follow/ accepted the recommendations laid down in the Radiation Protection 175 document?

4.10. With the help of the curriculum, is it possible for trainees to acquire a satisfactory knowledge of the principles of Nuclear Medicine* with regard to imaging during the first three years?

(*Single photon emission computed tomography/computed tomography (SPECT/CT), positron emission tomography/computed tomography (PET/CT), positron emission tomography/magnetic resonance imaging (PET/MRI), Scintigraphy.)

4.10.1 If yes, please specify the training period:

a. Number of months. Please specify.

b. Training embedded in the clinical rotations of each of the subspecialties. If so, please specify in which organ-based rotations.

4.11. Does the curriculum ensure that trainees gain knowledge of pharmacology, the application of contrast media, and the treatment of adverse reactions within the first three years?

4.11.1 Does the programme provide safety courses?

4.11.2 If yes, how many hours?

4.12. With the help of the curriculum, is it possible for trainees to acquire a satisfactory knowledge of the fundamentals of clinical research and evidence-based medicine during the first three years?

4.12.1 Does the programme provide research courses?

4.12.2 If yes, how many hours?

4.13. Does the training centre provide good clinical competence in radiology training as promoted in the European Training Curriculum for Radiology?

4.14. With the help of the curriculum, is it possible for trainees to acquire a basic understanding of computer science in the early stages of training?

4.15. Does the department have ready access to anatomy, biochemistry, statistics, physics and pathology qualified departments?

4.15.1 Does the programme provide statistics courses?

4.15.2 If yes, how many hours?

4.16. Is the spectrum of patient and investigative material available during training in the department sufficient to enable the trainee to gain experience in all fields of general radiology?

4.17. Does the curriculum provide a special course in emergency radiology during the early stages of training?

4.17.1. If yes, how many weeks?

4.17.2. If not, please specify Please specify how the trainees receive their training in emergency radiology during the early stages of training (first year)

4.18. Does the curriculum provide a special course in the identification and communication of urgent and unexpected findings?

4.18.1. If yes, how many hours does the training last?

4.18.2 If not, describe how trainees are exposed/learn the identification and communication of urgent and unexpected findings

4.19. Does the training centre emphasise the role of the radiologist in communicating with patients and families?

4.20. Does the training centre emphasise the role of the radiologist as a member of the clinical team and in collaborating with specialists from other disciplines in the treatment of patients?

4.21. Is the training centre involved in multidisciplinary and clinic-radiological conferences where the trainees improve their medical and decision-making skills?

4.21.1. Please specify the role of trainees in these conferences

☐ Attendant

☐ Assistant

☐ Active preparation

4.22. With the help of the curriculum, is it possible for trainees to gain an in-depth insight into at least two subspecialties during the fourth and fifth years?

4.23. Does the curriculum provide an organ system-based organisation of rotations, as laid down in the ESR European Training Curriculum, during the fourth and fifth years of training?

4.24. Does the curriculum provide trainees with lifelong learning skills?

4.25. Does the curriculum include a structured and continuous professional development programme?

4.26. Does the training centre use a logbook of activities during training?

If not, please specify the model used to check the trainees activities

4.27. Are all the competencies achieved and examinations performed by residents recorded?

4.28. Does the programme provide a rotation in radionuclide imaging/nuclear medicine?

4.28.1 Is the rotation provided in the same hospital? In a different hospital?

4.28.2. Indicate the period of rotation

4.29. Does the programme offer one-to-one apprenticeship relations with the faculty?

4.30. Is a local tutor, with direct responsibility for in-house training, appointed to ensure that the curriculum will be followed by trainees?

4.30.1. If yes, does the tutor have regular interviews with the trainees?

4.30.2. If yes, how often?

4.31. Does the training centre have a trainee assessment system that takes place at regular intervals?

4.31.1. Does the training centre take into account logbooks in assessment?

If yes, please indicate how the logbook of trainees is monitored.

4.31.2. Do the assessments cover clinical and technical competencies, including interpersonal skills and suitability as a clinically active doctor?

4.31.3. As part of the assessment process, are the trainees given an opportunity to share their own observations on training facilities and teaching personnel on a confidential basis?

4.32. Does the training centre have an objective measurement such as written exam of achieved standard at the end of training?

b) Training of the trainers

Which qualifications do the trainers / teachers of the residents have?

Which continuing education do the trainers / teachers undergo:

- regarding continuing medical education?
- regarding soft skills?
- Other:

4.33. Is the number of qualified radiologists with teaching functions in the department sufficient to fulfil all the needs of teaching in each major subspecialty area?

4.33.1. Please indicate the number of residents and number of staff personnel in each of the areas

4.33.2. Does the training centre have the resources to provide modular subspecialty training outside the hospital without special teaching staff?

4.33.3. Does the training centre encourage the teaching staff to attend teacher-targeted training courses?

5 DELIVERY OF TRAINING

a) Training details

We require information of training programmes through the years as indicated by the following headings ((i)-(v)). Please use a combination of free text and tables as you feel appropriate (if you use tables and plans, please send them to etap@myebr.org).

- (i) General work plan/hospital rotations (with a brief introductory overview); please also identify any rotation which is specific to a particular year of training.
- (ii) - Subspecialty training options (as defined in the ESR Training European Curriculum) including secondments to other programmes
- (iii) - Training in: research, audit, computing skills, health care management
- (iv) - Study sessions available to trainees
- (v) - On-call arrangements – including specialist supervision

5.1. Does the training centre have an orientation programme at the beginning of the training programme?

5.1.1. Are all the rotations organ system-based?

5.2. Does the programme contain a mixture of didactic lectures, tutorials and seminars?

5.2.1. Number of didactic lectures/ seminars/tutorials.

5.3. Does the training centre give trainees responsibility (on-call rotation) in emergency service before the end of the first year of training?

5.4. Do trainees have the opportunity to become involved in the radiological examination and diagnosis of patients presenting in the emergency department?

5.5. Does the training centre supervise all reporting through check-ups or double reading of trainees' initial reports?

5.5.1. Please indicate the responsibilities of the trainees for each of the years and how the supervision is provided by the staff at the emergency service

5.6. Does the training centre encourage trainees to attend external courses and scientific congresses?

5.6.1 If yes, how many courses?

5.7. Does the training centre encourage trainees to attend a minimum of two international and five national congresses or courses throughout the five years?

5.8. Does the programme promote the presentation of original research at scientific meetings?

5.9. Does the training centre ensure that outside meeting participation is logged and recorded on an annual basis?

5.10. Does the training centre conduct the assessment programme with radiologists who are not directly involved with the programme under evaluation?

5.11. Does the training centre have regular assessments of educational activities on a yearly basis?

5.11.1. If yes, is the assessment process coordinated through a national society or training body?

5.11.2. Please indicate the name of the national society or training body.

b) Documentation of the delivery of the curriculum:

How is the delivery of the curriculum documented? :

Do you use a portfolio of training or other tools? Please describe.

Do the residents have a logbook of their training? How are achieved goals documented?

6 ASSESSMENT OF TRAINING

a) Summative assessment exams

Please briefly describe the exams your residents take in order to achieve board certification in radiology:

Name of exam (e.g. final exam)	Time the residents are eligible to take the exam (e.g. after 5 years of training)	Assessing institution (e.g. National Society)	Type of exam (e.g. oral exam, written exam)

b) Continual formative assessment

Is continual formative assessment performed in your training programme?

Do you use Workplace Based Assessment (WpBA) tools in your training environment?

How often are these tools employed in your training programme?

7 RADIOLOGY FACILITIES/RESOURCES

a) Work resources for the trainees: Briefly describe the work resources for the trainees:

- Access to textbooks while reporting:

b) Teaching resources for the trainees:

- Private study space and study sessions:
- Radiology book library:
- Case library/database:
- Teaching aids (PC, CD-ROM etc):
- Clinical support (secretarial etc):

7.1. Reading facilities and teaching materials

7.1.1. Does the training centre have a room suitable for meetings and conferences?

If yes, how many rooms?

7.1.2. Does the training centre have access to quiet reading areas with computers and internet access for the trainees within the department?

7.1.3. Does the training centre have audio-visual equipment in the radiology department, sufficient to enable the implementation of the teaching programme?

7.1.4. Does the training centre have an adequate supply of teaching materials including textbooks, journals and e-learning material?

7.1.5. Does the training centre provide teaching facilities including access to online medical publications and teaching aids (including [EURORAD](#), [Education On Demand](#), etc.)?

7.1.6. Does the training centre have the computer technology for teaching, research purposes, image processing and communication?

7.2. Equipment

7.2.12.1 Please complete the following equipment table:

MRI		
Date of acquisition:		
Brand:		
Model:		
Type of studies performed:	Yes	No
-Neuro		
-Spine		
-Musculoskeletal		
-Abdomen		
-GU		
-Cardiac		
-AngioMR		
-Perfusion		
-Spectroscopy		
-DTI		
-Functional bold imaging		
-Arthrography		
-Biopsy MR guided		
-MR enterography		
-PET-MRI		

Mammography		
Date of acquisition:		
Brand:		
Model:		
Type of studies performed	Yes	No
-Mammogram		
-Ultrasound		
-Fine needle aspiration		
-Biopsy ultrasound-guided		
-Biopsy MR guided		
-Tomosynthesis		
-Quality assurance in screening		

CT		
Date of acquisition:		
Brand:		
Model:		
Type of studies performed:	Yes	No
-Neuro		
-Spine		
-Musculoskeletal		
-Abdomen		
-GU		
-Cardiac		
-AngioCTv		
-Biopsy under CT guidance		
-Radiofrequency treatment		
-Other interventional procedures		
-Arthrography		
-CT enterography		
-CT colonoscopy		
-PET-CT		
-SPEC-CT		
-CB-CT		
-Radiation reduction systems		

Ultrasound		
Date of acquisition:		
Brand:		
Model:		
Type of studies performed	Yes	No
-Neonatal brain		
-Thyroid		
-Neck		
-Chest		
-Abdomen		
-GU		
-Musculoskeletal		
-Vascular		
-Biopsy under ultrasound guidance		

-Radiofrequency treatment		
-Other interventional procedures		0

Interventional radiology		
Date of acquisition:		
Brand:		
Model:		
Type of studies performed:	Yes	No
-Diagnostic angiography		
-Stroke treatment		
-Vertebroplasty		
-Aneurysm treatment		
-Vascular malformations treatment		
-Biliary procedures		
-TACE		
-Dialysis fistula		
-Angioplasty		
-Stent placement		
-Tumor embolization		
-Pulmonary arteries and bronchial procedures		
-Oesophageal and rectal stenosis treatment		

xRay		
Date of acquisition:		
Brand:		
Model:		
Type of studies performed:	Yes	No
-Plain xRay		
-Barium enema		
-Double contrast upper gastrointestinal study		
-Enteroclysis		
-IVP		
-Hysterosalpingography		
-Cistography		

8 DELIVERY OF EDUCATION

Lecture/tutorial programmes

(please send published programmes and other relevant material to etap@myebr.org)

a) Residents' study leave and attendance of courses:

1) Describe your study leave policy, i.e. who co-ordinates and approves

- (i) study leave,
- (ii) the courses attended.

- (iii) the funding arrangements.
- 2) Provide examples of the courses attended by the residents during the last 12 months. Provide as well the website of the course or congress:

9 RESEARCH

- Are there research facilities available to trainees in your centre?:
- Identify research opportunities for trainees in your hospital:
- Define the arrangements for supervision of research:
- Which arrangements are in place for funding of projects?
- Please briefly identify all projects completed and/or submitted for publication with trainee involvement from your department in the last five years. Please indicate the name of the trainee/s involved in the publication. Please provide URL, if available:
- Please indicate presentations in national and international congresses performed by the trainees and specify the type of presentation: scientific or didactic. Only the presentations in which the trainee appears as first author.

9.1. Does the training centre have an active and ongoing research programme at the training department?

9.2 Do the residents participate in PhD programmes during their residency?

If yes, could you cite the publications in which the residents were involved?

9.2.2. Indicate the number of ongoing research projects the department is involved in:

10 WORKLOAD AND TRAINING

(Here we ask you to give a profile of the case-mix and workload in order to assess the appropriateness for training purposes.)

10a. Overall assessment of departmental workload

Please indicate the number of examinations (without decimal point or comma) in each of the following:

	Patient Exams per year
Plain Films	
General	
Emergency	
	Patient Exams per year
General Fluoroscopy (Bariums, cystograms, etc.)	
Computed Tomography	
Head/ENT	
Body	
Other	
Magnetic Resonance	
Neuro	
Cardiovascular	
Musculoskeletal	
Body	
Other	
Vascular/Interventional	
Vascular Diagnostic	
Vascular Interventional	
Non-vascular interventional	
Other	
Ultrasound	
General	
Obstetric	
Vascular	
Cardiac	
Musculoskeletal	
Other	
Radionuclide Radiology	
Breast Imaging	
Paediatrics	
Nuclear Medicine studies	
Single photon emission computed tomography/computed tomography (SPECT/CT)	
Positron emission tomography/computed tomography (PET/CT)	
Scintigraphy	

Positron emission tomography/magnetic resonance imaging (PET/MRI)	
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10.b Subspecialty training opportunities

Are there subspecialty training opportunities (as defined in the ESR Curriculum) in your department?

If yes, please list the subspecialty training opportunities:

10.c Please list the clinico-radiological meetings with trainee participation:

10.d Audit (internal evaluation) *

(* Systematic review of medical radiological procedures, to improve the quality and the outcome of patient care through structured review whereby radiological practices, procedures, and results are examined against agreed standards for good medical radiological procedures.)

- Audit projects completed by trainees in the last year

Action taken as a result of the completed audit project:

- Supervision of trainees (for audit)

- Did your center implemented EURATOM 2013/59?

Did your center implemented Quality Improvement Quality Assurance Audit for Diagnostic Radiology Improvement and Learning (QUAADRIL).

10.e Management

Are the trainees involved in management in the department?

- If yes, describe involvement of trainees in department management:

- If yes, define which formal training in management is provided for trainees:

11 SELF- ANALYSIS OF RADIOLOGY DEPARTMENT

The department is invited to detail its strengths and weaknesses in this section. This self-analysis is intended to form the basis of discussions with the assessors during the interviews.

12 ADDITIONAL INFORMATION

12.1 European Diploma in Radiology (EDiR)

12.1.a Are you aware of the European Diploma in Radiology (EDiR)?

12.1.b Does the centre encourage the trainees participation in EDiR through scholarships/grants?

12.1.c Have any of your residents or former residents taken the European Diploma in Radiology (EDiR)?

SAMPLE
NOT TO BE FILLED

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*.
(* Study leave includes study (usually, but not exclusively or necessarily, on a course), research, teaching, examinations, visiting clinics and attending conferences.)

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.

(* Systematic review of medical radiological procedures, to improve the quality and the outcome of patient care through structured review whereby radiological practices, procedures, and results are examined against agreed standards for good medical radiological procedures.)

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**

Video features document

The video shall show a detailed picture of the facilities and equipment of the training department at the institution to be assessed.

Technical features of the video:

- Please record your video in HD or Full HD Quality
- Please avoid any background noise
- Your video(s) may not exceed the size of 1GB *
- Your video(s) may not last longer than 7 minutes *

* (Please note that, in the case that you record several videos for the different equipment and facilities to be shown on the video, you will be able to upload a maximum of 8 videos. The weight of all videos may not exceed the size of 1 GB)

The following should be shown in the video, where possible. The reference for the facilities that should appear on the video is based on the document “Centre submission document” (section number 7) to be filled in by the head of the training department. Please note that the video must correspond your answers in the document.

1. Work resources for the trainees. The following should appear on the video, if existing in your training department:

- Reporting space and facilities
- Access to textbooks
- Private study space and study sessions
- Radiology book library or online library?
- Case library/database
- General postgraduate facilities (specific place for the residents to meet)

2. Reading facilities and teaching materials. The following should appear on the video, if existing in your training centre:

- Does the training centre have a room suitable for meetings and conferences?
- Does the training centre have access to quiet reading areas with computers and internet access for the trainees within the department?
- Does the training centre have audio-visual equipment in the radiology department, sufficient to enable the implementation of the teaching programme?

- Does the training centre have an adequate supply of teaching materials including textbooks, journals and e-learning material?
- Does the training centre provide teaching facilities including access to online medical publications and teaching aids (including [EURORAD](#), [Education on Demand](#), etc.)?
- Does the training centre have the computer technology for teaching, research purposes, image processing and communication?
- Does the training centre have radiology simulators?

3. Equipment.

As regards the equipment, besides of appearing in the video, you should indicate model, brand, number of equipment, the year of the equipment acquisition and scheme of monitoring technical condition at the department in the equipment table to be completed under section 7 of the “Centre submission questionnaire). The following equipment should be shown in the video, if available:

- Is fluoroscopy available in the department?
- Is mammography available in the department?
- Is angiography available in the department?
- Is ultrasonography available in the department?
- Is computed tomography available in the department?
- Is magnetic resonance imaging available in the department?
- Is (mobile) conventional radiology equipment available in the department?
- Does the training centre have access to nuclear medicine (PET-CT, SPECT-CT, PET-MRI)?

ETPA 2.0 - NON-DISCLOSURE AGREEMENT

This Non-Disclosure Agreement (hereinafter the “**Confidentiality Agreement**”) is made by and between

EUROPEAN BOARD OF RADIOLOGY, S.L.U. a Spanish Party registered in the Commercial Register of Barcelona in volume X , page X, sheet X, Passeig de Gràcia 86, Àtico, 08008 Barcelona, SPAIN with Tax Identification Number X, (hereinafter “**EBR**”). The EBR is duly represented in the present document by **X** (of legal age, Spanish national, with professional address in Barcelona, Passeig de Gracia, number 86, Attic, and holder of the Spanish ID card number X), acting in her capacity as authorized signatory of the company, pursuant to the notarial deed granted before the notary public of the city of Barcelona, Mr. X, on January 13, 2014, with number 70 in his official register.

And [**NAME OF INSTITUTION**] (**Department of Radiology**), having its permanent address at [Address], and provided with tax identification number [TAX ID number] (hereinafter the “**Institution**”).

Hereinafter, the Parties can be collectively referred to as the “**Parties**” and individually referred to as a “**Party**”.

1. Definitions

- 1.1. Purpose:** any conversations, negotiations or services provided under the framework of the “European Training Assessment Programme 2.0” (ETAP).
- 1.2. Disclosing Party:** the Party that discloses or provides confidential information to the Receiving Party.
- 1.3. Receiving Party:** the Party that receives or obtains Confidential Information from the disclosing Party.
- 1.4. Confidential Information:** any data or information that is property of the Party and not generally known to the public, whether in tangible or intangible form, whenever and however disclosed, including, but not limited to:
 - (a) Any technical and non-technical information related to the purpose described (the “**Purpose**”) and any past, current, future or projected products or services of the Parties, including but not limited to:
 - i. Any marketing strategies, plans, financial information, projections,

operations, sales estimates, business plans and performance results relating to the past, present or future business activities of the Disclosing Party, its affiliates, subsidiaries and branch companies or offices and its customers or providers;

- ii. Any information or document protected by Intellectual Property rights, whether or not such rights have been registered; and
- iii. Any other information that should reasonably be recognized as Confidential Information of the Disclosing Party.

The Receiving Party acknowledges that the Disclosing Party is the owner of any provided Confidential Information, which has been developed and obtained through great efforts by that Party and that this Party grades all of its Confidential Information as trade secrets.

- (b) Any information of the Disclosing Party made known to the Receiving Party altogether with the express obligation to treat it confidentially, or which is marked as “confidential”.

Notwithstanding the foregoing, Confidential Information shall not include information which:

- i. Was known by the Receiving Party under no obligation of confidentiality prior to receiving the Confidential Information from the Disclosing Party;
- ii. Becomes rightfully known by the Receiving Party by means of a third-party who is not breaching a confidentiality obligation;
- iii. Is or becomes publicly available through no fault of or failure to act in breach of this Agreement by the Receiving Party; and
- iv. Is or has been independently developed by employees, consultants or agents of the Receiving Party without violation of the terms of this Agreement and without any reference or access to any Confidential Information.

2. Non-disclosure and non-use Obligations

- 2.1.** Parties shall not use any Confidential Information, except to the extent necessary for the Purpose and Parties will not disseminate or in any way disclose any Confidential Information to any person, organization, business or governmental agency or department, except where the disclosure is expressly permitted in this Agreement. Furthermore, neither Party may disclose the existence of any negotiations, discussions or consultations in progress between Parties to any person, organization, business, government administration or to any form of public media without the prior written consent of the other Party.

- 2.2.** Each Party shall disclose the Confidential Information only to its directors, officers, employees, representatives, contractors, accountants, financial and other advisors, and commercial bankers (collectively, **"Representatives"**) in need to know such information in order to assist each Party in relation with the Purpose. Each Party certifies that each of its directors, officers, employees, representatives, contractors, accountants, financial and any other advisors shall be aware of the terms and conditions of this Agreement and comply with the confidentiality obligations established herein.
- 2.3.** The Parties shall immediately give notice to the other Party of any unauthorized use or disclosure of the Confidential Information, and if necessary, shall assist the other Party in remedying the unauthorized use or disclosure of the Confidential Information.

3. Exclusions from Non-disclosure and non-use Obligations

- 3.1.** The obligations of the Parties under Section 2 do not apply to any Confidential information which the concerned Party proves:
- (a) Was in the public domain simultaneously to the time that Confidential Information was communicated to any of both Parties;
 - (b) Was rightfully in its possession at the time the Confidential Information was communicated;
 - (c) Was independently developed by a Representative of any of both Parties without use of or reference to any Confidential Information; or
 - (d) Becomes available to the Parties on a non-confidential basis from a source other than a party who is not, to the Party's knowledge after having duly enquired, under any obligation of confidentiality regarding the Disclosing Party.
- 3.2.** A disclosure of any Confidential Information (a) in response to a valid order issued by a court or other governmental body or (b) as otherwise required by law, shall not be a breach of this Agreement or a waiver of confidential obligations for other purposes; provided, however, that the concerned Party provides prior notice thereof to the other Party in order to grant the latter the opportunity to pursue a protective order or otherwise to prevent the disclosure.

4. Return and Destruction of Confidential Information and other Materials

- 4.1.** In the event that any of the Parties were not interested in this Agreement after the finalization of the Term or, in any case, upon request from the Party, each Party shall immediately return any document of any form or nature containing Confidential Information and provided during the process as well as any notes, summaries, memoranda, drawings, manuals, records, excerpts or derivative information deriving

there from and all other documents or materials based on or including any Confidential Information, in whatever form.

- 4.2.** All Confidential Information shall be the property of each Party and no license or other rights to Confidential Information is granted or implied hereby. Upon written request by one of the Parties, the other shall destroy or deliver all Confidential Information to that, with such destruction to be certified in writing by said Party (or an officer of said Party as the case may be), and each Party will not, retain any copies, extracts or other reproductions in whole or in part of any such Confidential Information whether in written, audio or electronic form. Notwithstanding the destruction of Confidential Information, each Party will continue to be bound by the obligations of confidentiality and other obligations hereunder according with clause 6. Nothing herein shall be construed so as to permit a Party to make an electronic copy, duplicate, scan or reproduction of the Confidential Information or to permit anyone to electronically save or store the Confidential Information in any sort of electronic database or within any form of computer hardware.

5. Term

- 5.1.** The confidentiality obligations and rights contained in this Agreement shall have an unlimited and indefinite duration after the Effective Date. The Parties expressly agreeing not to use or disclose any Confidential Information to which he may have had access until such information becomes generally available to the public.

6. Default and Injunctive Relief

- 6.1.** In the event that a Party (including any person to whom Confidential Information shall have been given, either directly or indirectly) breaches this Confidentiality Agreement, it will be responsible for, and hereby agrees to indemnify the other Party for any damage, loss, cost or liability suffered or incurred by any such party (except loss of profit) as a result of or arising out of a breach by the breaching party, its Representatives, Affiliates, agents, consultants or advisers of the terms of this Confidentiality Agreement.
- 6.2.** A breach of this Agreement may cause irreparable and continuing damage to the Parties for which money damages are insufficient, and each Party are entitled to seek injunctive relief, a decree for specific performance, and all other relief as may be proper (including money damages if appropriate).

- 6.3.** This Section shall survive any termination of this Confidentiality Agreement.

7. Severability

- 7.1.** In the event of any provision of this Confidentiality Agreement is determined to be invalid or unenforceable in whole or in part, it will be deemed not to affect or impair the validity of the remaining provisions hereof and each Section, sentence and phrase of this Confidentiality Agreement is hereby declared to be a separate and distinct provision.

8. No Waiver of Rights

- 8.1.** It is understood and agreed that no failure or delay by a Party in exercising any right, power or privilege under this Confidentiality Agreement will operate as a waiver thereof nor will any single or partial exercise thereof preclude any other or future exercise of any right, power or privilege hereunder.

9. Personal Data

- 9.1.** In the event that, due to the nature of the negotiations or the execution of the Purpose of this Agreement, any Party shall have access to personal data included in files owned by the Disclosing Party, the Receiving Party shall comply with the provisions of the Spanish Organic Law 15/1999, of December 13, (Data Protection Act, **LOPD**), the Spanish Royal Decree 1720/2007, of December 21, which approves the Regulations for the development of the Organic Law 15/1999 (RLOPD), the Spanish Law 34 / 2002, of July 11, on Services of the Information Society and on the Electronic Commerce (LSSI), and the Regulation (EU) 2016/679 of the European Parliament and of the Council, of 27 April 2016, on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, and repealing Directive 95/46/EC (General Data Protection Regulation, **RGPD**) and other legislation in force. The Disclosing Party, as the owner of the files, shall decide on the purpose, content and use of the data processing, limiting the Receiving Party to use such data solely and exclusively for the purposes listed in the Contract, in accordance with the provisions of Article 12 of Organic Law 15/1999, of 13 December, on the Protection of Personal Data.
- 9.2.** Access to personal data included in files owned by the any of the Parties to which the other Party may have access, is not considered as legal communication or transfer of data, but as a simple access to them, as a necessary element to carry out the Purpose regulated in this Agreement.
- 9.3.** The files containing personal data to which a Party may have access as a consequence of this Agreement, are the exclusive property of the Disclosing Party and this ownership also extends to any elaboration, evaluations, segmentations or similar processes that the Receiving Party may carry out in relation to them, in accordance with the services agreed upon the Purpose or in future Agreements, declaring the Disclosing Party that those files are confidential for all purposes, subject to the

strictest professional secrecy, even after the validity of this Agreement has expired.

9.4. As the person in charge of processing, the Receiving Party is compelled to comply with the provisions of the Spanish Organic Law 15/1999, of December 13, (Data Protection Act, LOPD), the Spanish Royal Decree 1720/2007, of December 21, which approves the Regulations for the development of the Organic Law 15/1999 (RLOPD), the Spanish Law 34 / 2002, of July 11, on Services of the Information Society and on the Electronic Commerce (LSSI), and the Regulation (EU) 2016/679 of the European Parliament and of the Council, of 27 April 2016, on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, and repealing Directive 95/46/EC (General Data Protection Regulation, RGPD) and other legislation in force, on the Protection of Personal Data and specifically commits itself to:

9.4.1. Custody the personal data to which it may have access as a consequence of this Agreement, adopting the required technical and organizational measures, and in particular those established by the applicable law and any provisions of development, to ensure the security of personal data and prevent its alteration, loss, processing or unauthorized access, taking into account the state of technology, the nature of the data supplied and the risks to which they are exposed, whether arising from human action or its physical or natural environment.

9.4.2. Use or administer personal data exclusively for the performance of the services in relation to the Purpose, in accordance with the instructions given by the owner of the files containing the data.

9.4.3. Not communicating them to third parties, not even for their conservation, nor the above-mentioned elaboration, evaluations or similar processes, nor to duplicate or reproduce all or part of the information, results or relations on them.

9.4.4. Ensure that personal data to which it may have access are handled only by those employees whose intervention is necessary for the established purpose and, only in the event that such possibility is expressly authorized and with prior consent granted by the Party owning the files, by any third parties to whom any information is disclosed, are bound to keep the confidentiality due in accordance with the provisions of this Section.

9.4.5. Admit controls and audits that, in a reasonable manner, are intended to be carried out by the Disclosing Party, for the purposes of complying with what is established herein, which additionally may add control records to the personal data provided.

9.4.6. Once the contractual performance has ended, destroy any personal data owned by the Disclosing Party, certifying this circumstance to the latter or, if the Disclosing Party so indicates, return them to it with the supports or documents in which they appear altogether, without keeping any copy. In the event of the Receiving Party is in breach of their obligations as set forth in this section or those deriving from the applicable legislation on data protection, this Party shall be considered responsible for any processing, and specifically assume full responsibility that may arise to the owner of the files as a result of any type of administrative penalties imposed by judicial or extrajudicial proceedings against the owner.

10. Notice

9.1. Any notice, instruction or other communication to a party under this Agreement (a "**Notice**") must, in order to be valid, be in writing, in Spanish, signed by a person or persons authorized to that effect and sent by buro-fax, registered mail with acknowledgement of receipt, messenger service or by hand delivery registered mail, messenger or courier service (by fax transmission in advance), or email, to the relevant party's address included in the heading of this Agreement. Any Party shall change its contact data by duly notifying the other Party by the means stated hereof.

10. Governing Law; Venue

10.1. Any claims or disputes arising out of or related hereto shall in all respects be governed by and construed in accordance with the laws of Spain, including all matters of validity and performance.

10.2. The Parties, herein agree to submit any litigation arising from the interpretation and performance of this Agreement to the courts and tribunals of the city of Barcelona, and they expressly waive any other jurisdictional right to which they may be entitled.

10.3. This Agreement constitutes the entire agreement between the parties hereto with regard to the subject hereof.

11. Assignment

11.1. This Confidentiality Agreement shall not be assigned by the Parties without the written permission of the other Party.

12. Successors and Assigns

12.1. This Confidentiality Agreement shall be binding upon each Party and its respective successors, Affiliates, agents, consultants or advisers, Representatives and permitted

assignees.

13. Counterparts

- 13.1.** This Agreement may be executed simultaneously in one or more counterparts, each of which shall be deemed an original, but all of which together shall constitute one and only instrument. This Agreement shall be binding on each Party immediately upon its signing.

14. Modification

- 14.1.** This Agreement may be modified only if authorized representatives of both Parties consent in writing. Any amendment to this Agreement, including a waiver of this written-form requirement, shall be valid only if it is made in writing and duly signed by all Parties hereto.

15. Entire Agreement

- 15.1.** This Agreement constitutes the final and exclusive agreement between the Parties with respect to the treatment of Confidential Information disclosed hereunder. It supersedes all agreements, whether prior or contemporaneous, written or oral, concerning the treatment of the Confidential Information.

16. Language

- 16.1.** The parties declare that they have requested this Agreement to be drafted in English.

IN WITNESS WHEREOF the present Agreement is signed by the Parties and entered to, as of [Effective Date].....of....., 20.....

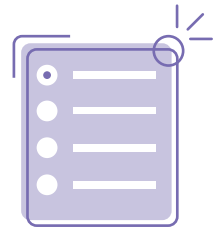
**For and on behalf of the
EUROPEAN BOARD OF RADIOLOGY, S.L.U**
Ms. Violeta Iranzo Ciscar

**For and on behalf of
The Institution**
Prof. / Dr. / Prof. Dr.
.....

Feedback on the ETAP 2.0

European Training Assessment Programme

To be completed by the head of radiology training after the ETAP assessment upon receipt of the report from the EBR assessors



Institution

Name of the head of the assessed radiology training programme

EBR Assessor(s)

Date of the interview

1

Assessment forms

1.1. Was the platform easy to use?

1.2. Were the questions asked at the interview and the questionnaire adequate for your institutional setting?

Yes

No

1.3. If not, which questions were not pertinent to your institution?

1.4. Which additional questions / forms would you suggest?

1.5. Was the preparatory time for the questionnaire adequate?

Just right

Too long

Too short

2

Online Assessment

2.1. Overall, how would you rate the quality of the assessment?

Excellent

Very good

Good

Satisfactory

Inadequate

2.2. Was the online interview format adequate?

Yes

No

2.3. Was the assessment plan adequate?

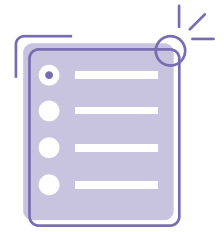
Yes

No

Feedback on the ETAP 2.0

European Training Assessment Programme

To be completed by the head of radiology training after the ETAP assessment upon receipt of the report from the EBR assessors



3

Video

- | | | |
|---|-----|----|
| 3.1. Was the format (video) to report the facilities adequate? | Yes | No |
| 3.2. Were the instructions to prepare the video easy to follow? | Yes | No |
| 3.3. Does a video help to give a reliable view of the department? | Yes | No |

Other comments

4

Report

4.1. Overall, how would you rate the quality of the report?

Excellent Very good Good Satisfactory Inadequate

Other comments

4.2. How would you rate the structure of the report?

Excellent Very good Good Satisfactory Inadequate

Other comments

4.3. How would you rate the content of the report?

Excellent Very good Good Satisfactory Inadequate

Other comments

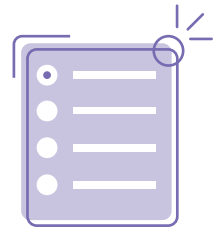
4.4. What were the strengths of the report?

4.5. What were the weaknesses of the report?

Feedback on the ETAP 2.0

European Training Assessment Programme

To be completed by the head of radiology training after the ETAP assessment upon receipt of the report from the EBR assessors



5 Short-term effects and evaluation of the assessment

5.1. Are any changes planned following the assessment?

Yes

No

If yes, which?

If not, why not?

5.2. Why did you decide to apply for an ETAP 2.0 assessment?

5.3. How would you briefly define the new ETAP 2.0 assessment system and your experience?

5.4. Would you recommend the ETAP 2.0 assessment to other institutions?

Yes

No

If yes, why?

If not, why not?

Other comments

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Thank you for your time and cooperation

Long-term feedback on the ETAP 2.0

European Training Assessment Programme

To be completed by the chair of the department, the head of radiology training and the chief resident 6 months after the ETAP assessment has been performed.



Institution:

Which is your position in the assessed centre:

Name:

EBR Assessor(s):

1

Have any of the proposed changes been implemented following the assessment?

☐

Yes

☐

No

1.1. If yes, which?

2

Have they had an impact on the quality of the training programme?

☐

Yes

☐

No

2.1. If yes, how?

2.2. How do you measure it?

3

Has the ETAP certification given more visibility to your centre?

☐

Yes

☐

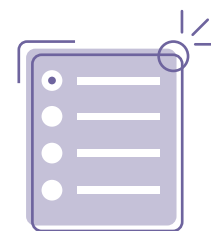
No

3.1. In what way?

Long-term feedback on the ETAP 2.0

European Training Assessment Programme

To be completed by the chair of the department, the head of radiology training and the chief resident 6 months after the ETAP assessment has been performed.



4

How can the ETAP assessment process be improved?



Additional comments:



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Thank you for your time and cooperation