

Training for radiologists

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Things have changed in this country, and they will keep on changing. My opinion from the sideline, however, is that nothing has really changed in the training of our radiologists over the past 30 years despite the introduction of MRI, ultrasound, CT and even multi-slice CT.

I think the time has come to reflect on the training of our future radiologists. Currently there is either a 4- or 5-year MMed university course, or the College exam, which candidates write after 4 years in a registrar post. Some candidates opt to stay an additional year in an academic department to qualify for UK registration. Included in most curricula are anatomy, radiation physics, pathology and radiology. The College or university exam simply evaluates the candidate at one specific point in time.

The Royal College of Radiology has published the third edition of *Structured Training in Clinical Radiology*. This has been done to formalise a curriculum for higher specialist training in radiology. In summary, the UK training consists of a 5-year training programme with relevant basic sciences addressed in the first year. The trainee sits the first FRCR examination, which used to include physics, radiological anatomy and radiological techniques but has been reduced to basic physics and radiation safety. Candidates use only the first 2 months of training to focus on the syllabus of the first FRCR examination. The total training takes a minimum of 5 years and is divided into two components: 48 months of general radiology or core training to cover the interpretive and procedural skills, as well as the relevant anatomy techniques and applied physics of all required subspecialties. In the last 12 months there is subspecialty training allowing the trainee to choose one specialty or opt for training in a mixture of two or more subspecialties. This can be done during the 5th year or in modular parts in the 4th and 5th years. This subspecialty training, however, does not allow the person to register formally for such a subspecialty (for example, neuroradiology or interventional radiology) because additional training is needed in these scopes. As previously mentioned, the first examination (covering physics and radiation) written in the first few months is then followed by the final FRCR Part A, thus covering all subspecialties including anatomy, techniques and physics. This can be done after 2½ years of clinical radiology training and is just a written part whereas the final examination, Part B, again covers all the subspecialties and the candidate is examined with reporting sessions as well as oral examinations. (One could sit for this examination after completion of 3½ years of training.) Candidates are also evaluated after each year at the training institution. If rotation systems are used there need to be appraisals of the trainee at the beginning and end of a rotation.

Now let us rethink the whole story, starting with the exam. An examination at one point in time does not seem very fair to the candidate who has done 4 - 5 years of training. Continuous evaluation is inadequately covered in a logbook. Being a postgraduate qualification, certain emphasis needs to be placed on research or at the very least the interpreting of research results. We examine only somebody's

knowledge on reporting X-rays, but doing radiology, especially ultrasound, vascular interventional and MRI, involves a certain level of skill that we do not necessarily address in our training.

There are lots of problems. Let's try some suggestions. What about a uniform 4-year radiology curriculum where candidates enter the programme after completing a written exam on anatomy and radiation physics? That means 4 years of intensive training in radiology, which definitely includes MRI and MRI physics. To address the UK registration problem among others, what about a 1-year fellowship programme with the different fellowship programmes distributed across all the training facilities? Say for instance, there could be at least two institutions offering a neuroradiology fellowship. In this way we could pool our resources and create quality fellowship programmes. I don't know whether the idea of dedicated training in certain fields will appeal to private practice, and would appreciate the initiation of a discussion on this topic.

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Editor