

# Time for subspecialisation?

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I am unsure who coined the description of Radiology as being “the general practice of the specialties”, but the expression appears to be becoming less true in the USA and other leading countries as subspecialisation occurs. For some time, the trend toward organ-specific imaging has dominated over the technique-specific approach. In the USA the diagnostic and interventional radiologists have effectively parted company, with separate subspecialties being registered. Even within interventional radiology, for example, the interventional neuroradiologist, the interventional vascular radiologist and the interventional hepatobiliary radiologist have little in common. Similar trends are found in other radiological groupings such as paediatric radiology and ultrasonography.

In South Africa a number of other medical disciplines already have or are contemplating subspecialty registration for their special interest groups. Previously general surgeons now concentrate on specific areas of interest such as vascular, colorectal, gastric, hepatopancreatobiliary, endocrine, oncological, or breast surgery. Legislated certification is becoming more commonplace as the various groups crystallise.

The difficulty in South Africa is that in almost all private and most full-time practices, diverse demands are placed on radiologists who are called upon to be all things to all men. Is this sustainable, when one is competing with highly skilled colleagues who have an exclusive focus that includes the relevant imaging in their field? Is there a prospect for subspecialisation in South African radiology, and if so, how should this be orchestrated? Should formal fellowship programs be developed? Should a “grandfather” clause be allowed?

As the turf wars flare, the need for a more specialised radiologist may become unavoidable. It appears likely that in the same way as the do-it-all general practitioner is a vanishing breed, the generalist radiologist may become a scarce resource.