POSTGRADUATE TRAINING AND SPECIALISATION IN RADIOLOGY AND IMAGING

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Postgraduate training and specialisation have wry important bearing on the future of the medical profession.

Radiology and other imaging techniques play a decisive role in the diagnosis of various diseases yet there appears to be a degree of inadequacy in the curriculum and the type of training required for specialisation in these fields. Specialisation in any field of nIedicine, sUrgery and other related branches is usually recognised when, after acquiring basic degree, the doctor completes a prescribed course and then passes an examination conducted by the examining authority. Most of the examining authorities additionally require a further minimum period of training or clinical attachment in the particular field in which the candidate is to specialise. In some countries, e.g., United States of America, even after completing such training and qualifying in the examination it may be necessary to complete one year fellowship in a teaching hospital before the doctor is considered for staff specialist or consultant appointments.

Presently, Radiology and Imaging are part of the same curriculum and radiological training and residency imparts training in Ultrasound, CT, NMR and other imaging techniques. For this, the Royal College of Radiologists of England requires minimum three to four years training in Radiology and Imaging; residency training in U.S.A. ranges from 4 to 5 years. In U.K. and United States of America there is, as yet, no separate diploma in Ultrasound or other imaging techniques. The postgraduate courses in various teaching hospitals in Europe and North America are to familiarise with particular techniques or aspects oç imaging for the practicing radiologists wanting further experience in these techniques and for other physicians to become familiar with the uses of imaging in a particular area. None of these courses confer postgraduate specialisation and none of the departments conducting these courses give any certificate that the attending person has completed the course and can practice as specialist in this modality. More confusion is caused as no one has set any standards or particular training periods for attending these courses, they simply being orientation courses, any one can attend for a few days or few weeks and it is not unusual that some of the participants may not even be medically qualified and be only doing research in any field for which they need some orientation in these techniques. It is therefore necessary that Pakistani doctors intending to specialise in Radiology and Imaging be cautioned that attending an orientation course even in the best of institutions in the U.K. or U.S.A. does not confer specialisation in this field. The universities or departments conducting these courses having no intention to do so; only the examining board in U.S.A. or U.K. confer Board diplomas or fellowship (FRCR), which are the prerequisites for specialisation. It is possible that Ultrasound and some other imaging techniques may have separate Board examination in the U.S.A. in future but for that also the period of training will have to be determined. There is ongoing discussion for separate diplomas in some imaging techniques but nothing has yet been finalised, suggestions are for two years post. graduate training followed by formal examination. In Australia, Diploma in Diagnostic Ultrasonography has been introduced and Period of training is the same as for other specialities; exemptions are given for candidates holding specialist qualifications in radiology, nuclear medicine and some other clinical specialities but even these candidates can apply for examination for Diploma after two years experience in ultra. sound.[1] It would be more logical that these imaging modalities being an integral part of diagnostic radiology, have separate subspecialisations as already done in Neuroradiology and paediatric radiology for which one has to complete and qualify the

Diagnostic Radiology Board examination or Fellowship (F.R.C.R.) in England and then subspecialise in these branches. In Pakistan, due importance should be given to these branches and encouragement for discussions in the form of seminars and ,w orkshop with the active participation of Pakistan Medical Association, Pakistan Medical and Dental Council, Radiological Society and other Associations to inform and guide doctors who want to specialise in these branches and imaging be made a regular part of curriculum for postgraduate examination in Radiology conducted by Universities and the Pakistan College of Physicians. As training in foreign countries is being increasingly restricted, serious consideration should be given for establishing a central training facility for Radiology and Jmaging in Pakistan in collaboration with some reputed foreign University or Hospital[2].

Regretably there are presently no statutory provisions to prevent those with inadequate or dubious qualifications to practice in these particular disciplines as also with certain other fields of speciaiisation in Medicine and Surgery but those of us who have the knowledge owe it to the future generations to at least highlight these points effectively so that these upcoming branches of Diagnostic Radiology do not suffer anirrepairable damage to their reputation. Inadequate training begets inferior standards and none of these branches are so simple that anybody can profess to be an expert after seeing only few cases and without going through a prescribed course and examination. Doctors are all trained to be honest and accept the challenges during training and practice, short cuts for specialisation in Radiology and Imaging branches should therefore not be encouraged by the medical profession.

REFERENCES

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2. Moseley, R.D.Jr. The future of radiology; new Imaging technology. Clin. Radiol., 1976; 27:273.