So you want to be a **Radiologist?**

Dr. Anton Collins

Level 4, Imaging Centre, Royal Victoria Hospital, Grosvenor Road, Belfast BT12 6BA

email: anton.collins@belfasttrust.hscni.net

Accepted: 14th January 2015
Provenance: invited article

Clinical Radiology is undoubtedly the speciality that has undergone a transformation in recent times. In the last twenty years the advent of computed tomography and magnetic resonance imaging in conjunction with advances in ultrasound technology has revolutionised the diagnosis of patients in modern healthcare systems. Radiology is now at the fulcrum of any hospital and is intrinsically embedded in the management of almost all specialities. In tandem, the emergence of interventional radiology has opened a wide variety of previously unavailable methods for treating patients in a minimally invasive manner. Interventional radiology continues to expand as evermore new techniques evolve in conjunction with technical innovations.

Radiology is now truly a clinical speciality with increased patient interaction. The speciality has had to evolve into true a 24/7 speciality and provision of emergency radiology services at all times is now expected as a basic standard of modern medical care.

Technological advances have resulted in multislice CT, diffusion MR and PET imaging becoming standard diagnostic tools in modern clinical practice. This has undoubtedly lead to huge benefits for patients in terms of accurate non-invasive diagnosis and staging of disease processes.

Percutaneous angioplasty and stenting have revolutionised the treatment of peripheral vascular disease. Endovascular aortic stent graft insertion has transformed the management of patients with aneurysm disease. Liver interventions have allowed for both curative and palliative treatment for a wide variety of both benign and malignant conditions.

The ability to arrest haemorrhage via percutaneous fluoroscopically guided techniques has enhanced modern surgical and critical care treatment and indeed the management of traumatic haemorrhage has been enhanced by interventional radiologists

As a result, clinical radiology is now a broad exciting speciality with numerous sub-speciality interests open to those training as radiologists. Entry to radiology training programmes has thus become very competitive particularly given the run through nature of the training and the career opportunities thereafter. This is particularly the case in Northern Ireland where a combination of locality and an excellent training programme have resulted in extremely competitive entry at specialist trainee level (ST1). Entry to training can occur following foundation training or after a period of core training. Approximately 40% of our local trainees enter clinical radiology training directly after completing their F2 year.

Clinical radiologists undergo a five to six year run through training programme. There is now a separate sub- speciality of interventional radiology which requires six years of training. Sub-speciality training in radionuclide radiology, musculo-skeletal radiology and neuroradiology along with paediatric, breast and cardiothoracic radiology is available within most UK training scheme including Northern Ireland. Trainees undertake the examinations for the fellowship of the Royal College of Radiologist during the first four years of their training. These examinations are challenging and compliment the intensive daily training which forms the other arm of their training. There are opportunities to undertake further training both with the UK and internationally at completion of specialist training and attainment of the certificate of completion of training (CCT).

The constant increased demand and advances in diagnostic and interventional techniques has resulted in a world – wide shortage of radiologist. As such consultant career opportunities are varied and plentiful at this time.

A consultant radiologist's working pattern can vary widely between doctors. Most consultants will have core commitments of plain film, ultrasound, CT and MR lists, but these usually have a degree of sub-speciality bias. Many consultants will have commitments to interventional radiology, radionuclide or breast radiology, for example, in addition. The breadth of the specialty is now difficult at times to comprehend as clinical radiologists interact extensively with all other branches of medicine.

Any young doctor should therefore consider this dynamic, fascinating and innovative branch of medicine when deciding on their future career.