

It's not just black and white

Nandini.S.Narayana

F2 doctor, Darlington Memorial Hospital

Correspondence to: nanduram@doctors.org.uk

A career in radiology straight after foundation year 1, without any Royal College membership or experience in other clinical speciality? It was unbelievable. I was one of those fortunate ones to do radiology in foundation year 2.

As a medical student or even as a foundation year 1 my only experience in interpreting images was on consultant ward rounds, with at least five of us stretching to look at the monitor on acute medical and surgical admissions unit.

The image so far:

Hitherto to enter radiology training, experience in a ward-based clinical speciality at SHO level was needed with a Royal College membership (at least part 1). SpR numbers were very limited. There was no entry at SHO level.

The f2 post in radiology:

My only apprehension before considering radiology as a career was losing patient contact. But I did observe that you do need to communicate to patients while doing interventional procedures, you do indeed need to have good communication skills. The most striking thing I learnt was that a radiologist does not just report about abnormal shadows in an image but needs to have a thorough knowledge of anatomy, pathology and clinical medicine to be able to correlate the image findings with signs and symptoms and come to a diagnosis.

When I started this rotation I felt like a full time medical student again, as I was observing somebody doing reports or procedures. I did not do any reporting on my own. My untrained eyes could see very little. My consultant designed a wonderful timetable for me which gave a flavour of different modalities of imaging: plain X-rays, CT, MRI, ultrasound, nuclear medicine, fluoroscopy and interventional procedures. It gave me a good picture of what the speciality is like and how the department runs.

I was taught the very basics. All the consultants and registrars were very keen to teach, made it very interactive and taught me at a level at which I could understand. My learning curve

was steep. I was allowed to have a fiddle with the ultrasound probe after the sonographer had finished scanning, under their supervision. It was a struggle initially to co-ordinate my right hand with the probe and my left to adjust the controls. But it was great fun. I was also given an opportunity to assist in interventional procedures like angioplasty, gastrostomy, nephrostomy, ultrasound-guided biopsies and arthrograms. I had a few sessions with the medical physicist who took me through the basics of medical physics and radiation protection laws. I also attended multidisciplinary team meetings where I saw different specialities come together to make a diagnosis and a management plan for patient care. The meetings with other medical colleagues were very interesting, the beauty of the subject being you literally get to see every interesting case in the hospital, be it any speciality. Half a day in a week was allocated to do audits and personal study. There was ample opportunity to learn, enthusiasm was all that was needed.

At the end of four months, I feel fairly confident in interpreting images. The Royal College so far has not published any competencies expected out of a F2. It was a truly amazing experience at this level of training. Whether or not I get a ST post in radiology, I am certain that the experience I have gained will help me in whichever branch of medicine I enter later on.

It was great to be called a junior registrar after my foundation year 1 as the radiology department was not used to having a SHO!

Changing image:

With the introduction of modernising medical careers (MMC), trainees can now do a four month post in radiology in foundation year 2^{1,2}. ST application in radiology is straight after F2, subject to meeting assessment criteria³ and does not require any previous experience in radiology, even as an F2. There is no need to have any membership exam under your belt. However there are concerns expressed by a lot of consultants about getting people into the training scheme with very little previous experience in clinical specialities unlike the previous SpRs. Time alone will tell us how well

these changing dimensions in radiology training are going to work.

References:

1. Royal College of Radiologists. Advice for applicants for appointment in 2007, <http://www.rcr.ac.uk/index.asp?PageID=903>
2. Royal College of Radiologists. Run-Through Training, <http://www.rcr.ac.uk/index.asp?PageID=902>
3. Modernising Medical Careers. ST1 clinical radiology person specification, http://www.mmc.nhs.uk/download_files/ST1-Clinradiology.pdf

Editor's note:

Unfortunately Nandini was unable to obtain a radiology training post in the UK and has moved to Australia. This partly reflects the debacle of MTAS, but may also show that an F2 post in radiology is not the most suitable choice for those intending to pursue a career in radiology later. As she herself hints in her final paragraph, the lack of experience in acute specialities might have counted against her.