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Managing Imaging Education in Ireland: Maintaining High Academic Standards

I am presently consultant radiologist and chairman of the department of radiology at the Mater University Hospital, Dublin, Ireland. This is a large teaching hospital, and along with St. Vincent's Hospital, Dublin, and University College Dublin, is a constituent of the Dublin Academic Healthcare Centre.

I am immediate past Dean of the Faculty of Radiologists, Royal College of Surgeons in Ireland. This is the national body, which oversees teaching and training for consultant radiologists in this country. My prior roles in the national governing body, the Faculty of Radiologists in Ireland, include past examiner, honorary treasurer and past Dean.

I play a role at European level, as Chairman of the education committee of the European Society of Radiology (ESR) and am a member of the executive of that society, and I am one of two faculty representatives for the UEMS medical radiology section

I am also a member of the Irish Medical Council, which is the body that regulates and oversees the profession generally.

Background

Training and standards are issues that have always been of great interest to me. Our professional body, the Faculty, is fundamentally a training body and it advises the overall Medical Council in Ireland, an entirely separate statutory entity on registration and continual medical education for radiologists.

Acting as a statutory regulatory body, the Medical Council and not the faculty itself provides an overall structure, overseeing standards of registration, undergraduate education, specialist education and regulation, continuing medical education and disciplinary matters.

Structure of Radiological Training and Education in Ireland

Radiology education in Ireland is structured in a highly competitive way. After six years of general medical training, an intern year and a further clinical year are mandatory before even commencing training as a radiologist.

In fact, the majority of residents start their radiological education with already three years of clinical exposure under their belt. They must also have published at least three to four articles before radiological training begins. Radiological training itself consists of five years, in which the fifth year leads to qualification as a specialist. They then travel to work in either the US or Europe for further fellowshiptraining for two to three years before they return. Most radiologists qualify while in their early thirties as a consultant radiologist.

This stringent structure allows residents to attain significant clinical experience, and it adheres completely to the European structure of "3 + 2", though it includes even more clinical and other training than officially recommended.

In fact, in a recent ESR survey of publications submitted to ECR, on a pro rata basis, for number of consultants, Ireland is amongst the top three. On completion of their five-year training period, most radiologists will travel either to North America or Europe for further subspecialty training and consultants to teaching institutions are generally not appointed in less than eight years from commencing training.

There are approximately 230 practicing radiologists in Ireland. There is a separate private healthcare system and most consultant radiologists are also active in the private sector.

The Examination System

There are two parts to the Irish examination system for radiologists, conducted by the fellowship of the Faculty. Part one, an oral and written exam, occurs after the first year and means that residents are examined in anatomy, radiographic technology and physics.

Part two occurs three-and-a-half to four years after specialist radiological training begins, and consists of one oral and one written exam that covers all subspecialties in radiology in a general format. Exams are internationally and externally assessed. We generally anticipate an overall 75% pass rate at first attempt in part two of this examination process.

Only four attempts are allowed at part two of this examination. As a result, we have a considerable experience with developing examination methods in Ireland, and in fact could be a model for the development of a Europe-wide diploma in radiology.

Positive Impact of Ties With Europe

The development of closer links between radiology in Ireland and in Europe has been beneficial to the development of the profession. Ireland has a population of only four million. As the ESR is a 'one man, one vote' society, it is not easy for professionals from smaller countries suchas ours, to become elected to office within the organisation.

Thus, we see our presence within the society as extremely important. Previously the practice of medicine in Ireland, including radiology, tended to follow either the UK or US structures. Now we are becoming more harmonised with Europe, due to these positive links.

eLearning

Due to the small size of this country, educational methods such as eLearning are not highly developed. In the UK, by comparison, eLearning academies are highly developed as one way to address their national shortage of trained radiologists.

In Ireland, by contrast, our methods remain more hands-on and an apprenticeship is served. eLearning is very much a component of CME processes. Demonstration of adequate CME standards will shortly be a legal requirement for maintenance of entry on the specialist medical register.

Challenges For Young Irish Radiologists Today

The main challenges facing a young radiologist today are that he or she must maintain clinical autonomy within complex and ever-expanding management structures, as well as continuing to remain up-to-date on one of the fastest developing branches of medicine today. Subspecialisation is an inevitable fact that will alter the face of the radiology profession.

Radiologists are going to have to have an indepth understanding of a given subspecialty, and become authorities in that area to prevent their ending up as mere technicians rather than 'clinical specialists'.

The clinical nature of radiology must be emphasised. Furthermore, we need to develop better relationships with primary care physicians by opening a direct dialogue between the related professional teaching bodies.

The ESR is currently promoting discussion in these areas, and it is hoped that white papers on these issues will become available in the very near future. Irish radiology looks forward to playing a positive role in maturing these concepts.

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