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Radiology in Croatia: Highlights of the Main Issues

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The Department of Radiology in Zagreb

I am working in a large radiology department at the university hospital in Zagreb, which has 700 beds. We have two CT scanners, two MRI units (1.5 T and 0.5 T), an angio-suite, four US scanners, two mammographic units and a variety of conventional x-rays. We perform approximately 100,000 exams per year in all areas of radiology with the exception of paediatric radiology. We perform all vascular and non-vascular interventions with the exception of neurointerventions. We are best known for breast imaging and image-guided biopsies, non-vascular and vascular interventions, abdominal imaging and vascular imaging. The hospital was built in 1987, and I have been chairman of the department since 2001.

Education of Radiologists

Up until now, the period for residencies in radiology in Croatia has lasted four years. Currently a new curriculum is in the process of approval, in which the residency period will be prolonged to five years. In this new system, the last year will also count as the first year of subspecialty training for those who choose to practice in one subspecialty area. A board exam has been mandatory for over thirty years now. Three examiners from different institutions examine the candidates, and the exam consists of practical and theoretical parts. The Croatian Society of Radiology is also planning to introduce a written board exam. For the last 15 years, radiologists have the option to subspecialise in interventional radiology, neuroradiology and ultrasound, and we are planning to offer more subspecialisations.

CME is compulsory, and acquiring sufficient CME credits is a prerequisite for the renewal of a medical license to practice. Licenses are renewed every six years by the special commission of the medical chamber, and at least 120 CME credits have to be collected within six years. Employers select their residents themselves. The national Ministry of Health has issued rules of evaluation of MDs applying for residency (marks obtained during medical studies, length of studies, knowledge of languages, etc.). However, there is a commission of five doctors in my institution that selects residents on the basis of an interview, and they are empowered to evaluate their competency.

Sufficiency of Radiologists in Croatia

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Croatia has population of 4.4 million. We currently have 315 radiologists and 65 residents. Understaffing is somewhat of a problem, although the situation is better here than in some neighbouring countries (for instance Slovenia, which has less radiologists per number of people than us). Understaffing is a particular problem in smaller provincial hospitals. Large university hospitals in Zagreb, Rijeka, Split and Osijek have less difficulty in attracting radiologists.

A residency in radiology is quite attractive to young Croatian doctors; in my hospital we receive many more applicants for residency in radiology than in surgery over the last few years. Radiology is better financially compensated here than in most former communist countries, but is much less compensated compared to western European countries. Most radiologists have the option to work part-time in the late afternoon in private offices, and thus earn some additional money.

Croatian Society of Radiology

The Croatian Society of Radiology (CSR) plays a very prominent role in education and training. It oversees residency training programmes, selects board-examiners, and provides regular teaching courses in the various areas of radiology. The CSR organises monthly meetings in Zagreb with three to four lectures allocated CME credits by the national medical chamber. The CSR also organises regular national congresses with international participation that are very well attended.

Challenges for Croatian Radiologists

Challenges for radiologists in Croatia are mainly the same as for elsewhere. Turf battles are serious problems that will affect the future of radiology in Croatia. Access to training is good, we have good cooperation with the ESR, ESOR and some US institutions, like the Memorial Sloan Kettering Centre, and our residents can be educated in Croatia and abroad. Access to high technology is a problem – Croatia is a transitional country with less high-tech equipment compared to very rich countries. Nevertheless, it does not affect residents considerably, since they are trained in very well equipped institutions. Access to research funds is limited.

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