



Why I chose a career in clinical radiology

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Everyone wants job satisfaction but how do you define it? Well, when I get out of bed in a morning, I look forward to going to work. I read the radiology journals/books out of interest rather than duty. Even after all these years, it still feels like a hobby rather than a job and I sometimes have difficulty believing they pay me for doing this...!

What do you want from a job?

“I wasn’t driven into medicine by a social conscience but by rampant curiosity” - Dr Jonathan Miller

Not that I would compare myself to Jonathan Miller, but for me, the “detective work” at the heart of radiology is the fundamental driver of my job satisfaction. In this daily intellectual challenge, the visual clues are found after a detailed search, pieced together with limited information (on the request card) and, using your expertise, a likely diagnosis is formed.

At the end of the day, the primary role of a job has to appeal. A radiologist fundamentally interprets all sorts of images to make a diagnosis. Times have moved on since plain films and fluoroscopic contrast studies made the majority of the workload. Now CT, MRI, ultrasound and nuclear medicine have added to the diagnostic armamentarium. Furthermore, an increasing array of interventional techniques add to the minimally invasive options now open for therapy for an increasing number of conditions.

Radiology is largely applied anatomy and pathology. A profound in-depth knowledge of both is fundamental to the job. However, one of the key features of radiology is its generality and unpredictability. We deal with patients of any age, with pathologies in one or more organ system, as they walk in through the door. For this reason, it has parallels with general practice as one of the last general specialities in this age of sub-specialisation.

Within radiology, there are great numbers of different areas of specialisation. So everyone can find their niche. Most radiologists have a general element to their working week but some may be very sub-specialised, verging on monomania.

If you like performing procedures like lumbar puncture/inserting a central line or chest drain and are good at them then you may consider interventional radiology as a possible career. It is popular, in fact, a bit of a cliché, in that 75% of applicants for SpR jobs want to do it. However, “pinhole surgery” now involves diverse procedures on diverse organs and it understandably holds a fascination for many.



Clinical Radiology

The Royal College of Radiologists

Radiologists have good job prospects. The RCR has recently had some success in making the case for increased training numbers to meet the ever-expand demand for and complexity of radiology services.

The pace of technological advance is frightening. The scanners of a decade ago seem archaic now. Technology opens new investigative and therapeutic doors. Radiology is now at the heart of most mainstream clinical specialities.

Most radiologists work regular hours but are increasingly busy on on-call, often with no junior middle grade cover. Although most work 9-5, alternative models abound. Seven day working has found favour in some places, whereas an extended working day (staffed dept 8 till 8) is common for most MRI departments. There is now increasing pressure for easier access to radiology for up to 18 hour day (0600-midnight).

There are many perks to being a radiologist. True teamwork does exist within our MDTs and departments. You will find little professional frisson within radiology – radiology nurses nurse the patients, radiographers perform radiography and are easy to work with, on the whole. As everything is electronic, there is no paperwork! I never regret kissing goodbye to tedious ward rounds and seemingly endless clinics! No bleep either!

Downsides?

Very few...! Radiology isn't terribly macho and there is little adrenaline – there is an adage that there is no such thing as a radiological emergency. That is unless you go into serious interventional radiology, when you learn adrenaline is brown! As much of our work is behind the scenes, it isn't a speciality if you want to feel loved by your patients.

There are a few myths that are worth dispelling. The lack of patient contact is much vaunted but I see patients daily during u/s, fluoroscopy and other procedures. OK, it is a different style of patient encounter but nevertheless communication skills are at the fore in a brief, possibly painful encounter! Lack of continuity is another myth. Who has true continuity these days? GPs don't see the patients in hospital. Consultants see patients once or twice and then they are gone back into the community. Maybe the sporadic, episodic nature of patient contact is dissatisfying for some but it is a minor aspect in my eyes.