

# Redefining radiology senior residency - Can we provide an alternative to “*The Consultant Job*”

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When our medical education system was setup, there were major opportunities, predominantly in the government sector, for training as well as employment. The standard route that a postgraduate had to take was doing a 3-year senior residency (called Assistant professor or Lecturer in few states) only after which he/she would be able to find a place as a faculty. This not only served as a time for the postgraduate to hone his/her skill while also becoming eligible for a faculty post. The biggest pride in the academic career of a medical student was, and is still for some, being the professor and head of the department in prestigious medical colleges and institutes.

Times have evolved and the scenario of doing a senior residency has now evolved from being almost mandatory to skippable in many situations. Earlier the only option one could have to skip doing a senior residency was to set up a private practice, which also was more successful and prevalent in smaller cities owing to less competition. The current trend in the recent years has taken a totally different path with widespread privatization of healthcare. Big corporate hospitals as well as small nursing homes are coming up on a regular basis in metros as well as smaller cities. As a result, the scenario has shifted to a one where the demand for specialists is outnumbering the supply. Consequently, there has been a relaxation of norms for recruiting postgraduates in these new private setups. Radiology has been at the forefront of this skewed demand and supply ratio, and to add to the privatization in hospitals and nursing homes, there has been a rapid upsurge of private diagnostic centers equipped with one or more imaging modalities.

While in the clinical fields one has to acquire experience to earn a name and achieve a clientele, the diagnostic specialties do not have to have a clientele directly. They are fed by the patients being referred to by their clinical colleagues. In most cases, patients do not even see their radiologist barring aside the ultrasonologist or the interventionist. There is hardly any personal identity of the radiologist in most practices in the eyes of the general public. This undesirable

situation has become a blessing in disguise for diagnostic centers many of whom have ceased to have any norms for recruiting radiologists barring a postgraduate degree or even a diploma in radiology. To add to that the skewed demand and supply ratio has pushed the salary brackets for even freshly passed radiology postgraduates to unthinkable levels a few decades ago. As a result, the newly churned out radiology doctor makes a sudden transformation from being the resident to the consultant in the diagnostic centers with a fat pay.

Every situation has to be analyzed from various angles and so the shifting loyalty of the radiology postgraduate to private sector from the government colleges has another side to it which needs to be scrutinized too. The government colleges and institutes in India have been significantly lackadaisical in their approach towards the evolution of their senior residency programs. While abroad there has been a push for subspecialization in radiology where each postgraduate has to choose a few fields in residency to specialize in during his residency. As soon as the residency is finished, the candidates pickup the fellowships of their choice and get specialized in one or more specialties. Almost most institutes in the developing world are running their own fellowships which absorb their postgraduates. For

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Cite this article as: Mohan C. Redefining radiology senior residency – Can we provide an alternative to “*The Consultant Job*”. Indian J Radiol Imaging 2017;27:367-8.

most of the government institutes, the senior residency has become more of a rote would-be-consultant eligibility program where the candidates keep working with almost the same schedules and rotations as they have been in their residency days. No attention is being paid to stimulate the intellectual requirements of the senior resident who is almost magically expected to become a consultant by sheer experience in the 3 years of this schedule. No one is getting specialized in any particular subspecialty nor are they proficient in all modalities of imaging during this period, as there is wide discrepancy in the domains of a radiology department in different institutes. In some cases, a radiology postgraduate with decent exposure in obstetric sonography has to do a senior residency in a place where the department of obstetric ultrasound has been taken over by obstetrics and gynecology losing all of even his or her postgraduate experience let alone gain anything new.

Also, barring aside few of the top tier government institutes, there is a dearth of subspecialists in radiology to train senior residents. The most ironic part is, even if the senior resident gets a good subspecialty exposure in the 3 years, he leaves the senior residency as a general radiologist only. Many postgraduates want to be better trained in few areas of their interest which they expect to practice in their future while most programs force a candidate wanting to learn MR into spending more than half of his senior residency doing other modalities the candidate is not inclined towards.

This analysis won't really be fair and methodical if we don't analyze the situation in private diagnostic centers. Here, the postgraduate is a consultant who is in most cases expected to finish a defined number of cases per day and reports confirming to a turnaround time (TAT). They are rotated in different imaging facets but also in a number of setups they can choose their modality of choice to practice in. Here also the learning that is expected is to be acquired is by sheer experience and to be honest by chance.

So, in essence, there isn't much difference between practicing in the two facets in terms of specialty exposure, but here comes the defining moment which decides the polarity of the post graduates to the private centers is the remuneration they receive. While they get paid almost double in the private setup than the senior residency, they are also relieved of the strenuous night and emergency duties in most cases. So, if the candidate who at the end of their postgraduation is a generalist and stays a generalist

by the end of his senior residency, there seems no point in missing out on the high remuneration in private centres and acquire the materialistic essential and indulgent pleasures of life. The choice becomes pretty attractive to skip the senior residency altogether.

Then there is a third subset of candidates who want to be specialized in some imaging facets of interest. As a result, this minority of postgraduates have started to now prefer to gain work experience with famous names in private practice in our specialty. They are even willing to pay fees as well as ready to work with meager or no stipends during this period. If a person can acquire experience in obstetric or musculoskeletal ultrasound or breast imaging or intervention by working under a private consultant for a few months to a year, it is far more lucrative than working 3 years in a glorified residency, aka senior residency, without getting any exposure in their field of interest. The other way for them is to join fellowships abroad or in India.

Another subset who wants to settle in tier two or three cities with less competition is also opting to skip the 3-year senior residency and start their own ultrasound practice to which the candidate gets adequate exposure in postgraduate years.

The scenario has led to a dearth of candidates willing to do senior residency leaving aside the premier colleges and institutes. In fact, some private colleges are even offering more stipends to radiology postgraduates as they have to comply with the guidelines of having the requisite number of faculty members in their departments.

So that brings us to the question, is there a way forward? The answer is no unless and until the radiology community starts to rethink this rote pattern of senior residency that is being followed blindly. They have to give the candidate a choice in their senior residency to practice in their fields of interest as well as start transforming the program into a subspecialty program where the candidates actually gets the choice of where they want to head to in their careers. Also for standardization and quality assurance, there must be an exit exam for subspecialists emerging from these programs. This is the only way to attract the talented postgraduate by making them into specialists in different facets of imaging or else the private centers will keep doing "*The Consultant Job*" on the freshly passed postgraduates much akin to a nose or a facelift uplifting the stature of the postgraduate to a consultant.