

## Comment on: Subspecialization in radiology - Is it time to hatch out of the cocoon?

Sir,  
This is with reference to the article "Subspecialization in radiology - Is it time to hatch out of the cocoon?"<sup>[1]</sup> While we do concur with your views, in our opinion we feel there are very few structured fellowship opportunities in India, and hence one usually has to look outside India for subspecialty training.

Lack of segregation of radiology departments in the teaching hospitals into various subspecialties is a contributory factor along with meager faculty who are subspecialty trained.

Even though one is subspecialty trained, a dearth of subspecialty radiology jobs, both in the government and the

private sectors, discourages the young radiology graduates from pursuing further training and move overseas for more lucrative opportunities. The private sector prefers to recruit general radiologists to keep the workflow abreast, which sometimes compromises the quality of reads.

There is an increasing trend of subspecialty hospitals opening up, such as children's and maternal, neurology/neurosurgery, and gastrointestinal, where hospitals are willing to hire subspecialists of medical and surgical fields; there has to be a change regarding the hiring of radiologists as well, for example, we would not expect a general surgeon or an internal medicine trained doctor working in a children's hospital, and the same has to be applied to radiology.

There will always be a need for a general radiologist, but there has to be a job market for a subspecialty radiologist too, with the latter not expected to work as a hybrid imager, just like a cardiologist may not be expected to see patients pertaining to general medicine.

It is well-known that radiology along with medical genetics are two of the most advancing fields in medicine. With the advent of new disease discoveries and technologies, such as artificial intelligence, a radiologist in the present times is expected to provide in-depth reporting, no longer pertaining only to generic terminologies and anatomy-based descriptive reporting. One needs constant upgrading of knowledge and practice, which may be possible yet challenging for a general radiologist to do this in all the subspecialty fields as mentioned in the article.<sup>[1]</sup>

A subspecialty radiologist is expected to know the clinical presentation, imaging, and treatment protocols. Different subspecialties demand different machine learning in terms of studies and sequences to be protocolled. Further training in these aspects will only enhance the reporting standards translating to better patient care and management. The detailed, clinically relevant information provided by a subspecialty trained radiologist fosters a closer working relationship with the treating team of physicians. Active participation in multidisciplinary case conferences and inputs by a subspecialized radiologist will lead to wider acceptability and demand for such trained radiologists.

We understand that there are few public institutes offering limited seats in DM neuroradiology and intervention radiology, and fellowships are also being offered at the same and other private hospitals. There will always be a shortage of seats considering the ratio of seats to applicants. We propose an introduction of secondary

subspecialty DNB/fellowships accredited to a common board in subspecialty hospitals, as seen in other medical and surgical fields. In addition, subspecialties based on organ system are a way forward than modality-based fellowship training for a complete one stop shop for imaging needs.

We also feel that these programs should to be for 1-2 years as practiced by many Western countries. This will provide more options to radiologists who may not be inclined to commit to 3-year programs due to economical grounds and time frame, when he can attain the same outside India in lesser time with better fellowship pay.

We hope prominent radiologists in association with recognized medical boards can pioneer a change regarding subspecialty training and practice.

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There are no conflicts of interest.

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**Reference**

1. Mohan C. Subspecialization in radiology-Is it time to hatch out of the cocoon? Indian J Radiol Imaging 2017;27:261-2.

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