

How to get the Radiologist out of the Shadows: Discuss

I am an aspiring radiologist and I must also disclose a greater than average sun worshipper. This discussion should be one of the overriding quests of any radiologist. Our goal should be to dissociate our speciality from the shadowy realms of its nostalgic film-developing origins. There are two steps to accomplishing this mission. The first is to improve the way we are viewed by our colleagues and ourselves. The second is to shape our public image.

Medicine is brimming with stereotypes and tribalism none of which holds true at an individual level, however as pattern seeking organisms we like to create boxes, which simplify our day-to-day understanding of why people make the choices they do. We all do it. The radiologist negative stereotypes comically vary but there are some common themes such as being pale from lack of vitamin D, bespectacled from staring at screens all day, being an anatomy or physics nerd, or being more interested in algorithms than patients.

I despair at the amount of times I have said that I am interested in radiology and a surgeon, physician or student's first vocalised thought has been to say, "oh so you don't like patients then?" Or, "why would you want to sit in a dark room all day." It seems an endemic view, across all levels of the medical hierarchy. An acceptable joke with the subtle undermining supposition that you're somehow less of a doctor. We must change this.

The origins of this attitude are difficult to pinpoint but my suspicion falls on the following. Few colleagues walk into their medical school interview thinking radiology is the destination. So increasing specialty awareness amongst sixth formers could be one avenue. Radiology exposure during medical school itself is sometimes patchy and limited to didactic teaching. Ideally students need opportunities to shadow radiologists directly and practice with ultrasound or other modalities directly rather than repeating the basics of a chest x-ray ad nauseam. We ought to be stimulating curiosity with cases of innovative interventional procedures, oncological advancements, utilisation of artificial intelligence or nuclear medicine. An emphasis on our enlarging role as a fulcrum between the acute specialities of surgery, intensive care and emergency medicine would also attract interest.

In foundation school applications no deaneries offer rotations in radiology. With restructuring this could change, bridging the chasm between foundation and registrar level. Introduction of follow through training was productive and is removing the unintentional aura of intimidation most doctors have experienced surrounding radiological discussions. We should enable access to multiple taster weeks, study budgets and leave to facilitate attending our conferences. Individual junior doctor entrepreneurial enterprises such as Radiology Café and Radcast should be supported in their attempts to demystify the speciality.

Despite the stereotypes radiology fills all its registrar posts every year whilst increasing its training numbers year on year so clearly it is a polarising self-determining specialty. As a result some argue that change is not required. The sceptical side of my brain thinks that trying to entice the radiologist out of the familiarity of their dark reporting suite is akin to telling the surgeon to spend more time out of the operating theatre. I believe this mind-set is a mistake limiting our attraction of the best people into our future workforce.

We need to think carefully about how to increase our exposure to our colleagues. This could involve joining rounds for teams whom routinely interpret complicated imaging each morning. We could arrange one-stop shop joint conveyor belt clinics with surgeons and medics to explain our reports face to face. I am afraid multidisciplinary meetings are a cornerstone of our hospital image. Although requiring significant preparation I believe the benefits for exposure and patients make this time well spent. Other interesting ideas for the future include extending our access so that general practitioners could eventually directly contact a gate-keeping radiologist if the need for acute scans were to arise.

In the age of NHSx and Matt Hancock as Health Secretary we are going to continue to be driven by technology. Only last week the government announced another £200 million to replace 300 scanners across the country. As more is invested I anticipate we will become the nucleus of most tertiary hospitals. Alongside this will come a responsibility to be accountable, accessible and transparent with our patients and we need to actively shape this image.

Public relations and media image management are tricky, unsettling concepts for doctors but if we do not market ourselves effectively to our patients we will fail to reach our audience. It is unfortunate that when asked often even university-educated people don't know what a radiologist does and often confuse the role with radiography. I follow the Royal College of Radiologists and have been encouraged by the willingness of Nicola Strickland to be outspoken and show leadership by giving evidence on what the impact leaving the European Union and Euratom without a deal would mean for the supply and cost of radioisotopes for essential cancer imaging and treatments. She actively appeared on the BBC and other outlets with a cool head in an anti expert age being a fantastic advocate for our specialty and patients.

In conversations with my friends and family I have witnessed the benefits programmes, such as Hospital, have had in providing illumination about a radiologist's role in a patient's journey. Radiology also has a unique opportunity to embrace social media such as Twitter, Instagram, Figure 1, MedShare as ways of distributing images and cases. We could lead the medical profession in this arena becoming the authority on guidance to maintain confidentiality whilst maximising the benefits of the reach of these platforms.

We are at a tipping point at which we can either embrace this bright future that the information revolution has presented us with or retreat into the shadows at risk of other specialities deciding to interpret their own imaging independently if we cannot keep up. We must seize our future.

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