Prenatal and paediatric imaging needs you!

The last annual congress of the French-speaking Society for Paediatric and Prenatal Imaging (SFIPP) was held in Concarneau in September 2011. One session was devoted to the non-radiological future of our speciality, in the course of which a ‘junior’ (B. Morel) and a ‘senior’ (F. Avni) member were invited to consider the crisis in vocations and how to remedy it. The committee of the SFIPP decided they would like to transcribe this presentation and the debate that ensued in this editorial, in order to motivate a greater number of younger people to come and sample the joys of this specialty. It cannot be denied that paediatric imaging is currently suffering from a certain amount of lack of interest among young house officers in radiology, a trend which has existed now for about 10 years [1] and does not seem about to be reversed. We have therefore been considering what needs to be done to maintain radiological excellence in this sub-specialty, to make it more attractive and provide career advancement.

An on-line survey was conducted among radiology house officers during July 2011, and with the assistance of the UNIR (national union of radiology house officers) was widely diffused. The aim of the survey was partly to evaluate house officers’ perception of paediatric imaging, and partly to find out how attractive each of the various proposals for encouraging this speciality was felt to be.

Altogether, 78 house officers responded to the survey, and came from all five of the years of training. More than half of them had already spent six months in paediatric imaging. It seems that house officers find this speciality only moderately appealing, the poor degree of attractiveness appearing to be due in particular to the lack of posts available after completion of the residency period: when they exist, they are very often only to be found in university teaching hospitals. Some house officers referred moreover to the need to systematically combine antenatal and paediatric imaging, so as to increase potential job openings. As for the suggestions made for improving the appeal of paediatric radiology, the four rated most highly were:

• making it compulsory to spend six months in paediatric imaging in the course of studying for the DES (higher studies diploma);
• spending a week taking a national paediatric imaging study course along the same lines as the course instituted for teaching basic imaging modules. The aim of this would be to standardise the teaching, the quality of which varies and depends on the particular university hospital, some of which are suffering from a paucity of teaching paediatric radiologists;
• creating regular, on-line, paediatric imaging training sessions along the same lines as the courses offered by the French Radiology Society (SFR), which would also help standardise the teaching and allow the trainees to benefit from being taught by those with the greatest experience in the various areas of this paediatric field;
• developing short inter teaching hospital training courses (of a few days to a week), so that young radiologists can improve their skills by going to train in other teaching hospitals that have specific areas of excellence in paediatric radiology.
From this survey we have come to understand some of the reasons for paediatric imaging not being considered particularly appealing; it has also provided us with some pertinent directions to consider developing, in order to try to make the speciality more attractive. Promoting paediatric imaging in this way indeed requires action at various levels: locally, nationally and at the European level [2].

On the local level, vocations need to be encouraged right from the start, that is to say, while the potential candidates are still medical students [3]. Courses and visits to paediatric radiology departments need to be organised so that students become aware of the existence of this speciality. Then its appeal needs to be increased among house officers in training, by emphasizing its special aspects, its interfaces with other clinical and radiological specialities, and its essential role in the management of child patients. The candidate paediatric radiologist needs to be provided with support and given coaching throughout his or her training period. Finally, he or she should be admitted into both national and international paediatric radiological societies. It is also essential to include antenatal imaging and imaging of the adolescent, as much for the sake of substance (pathological continuum, etc.) as for form (career attractiveness for a population where the number of women is growing).

Work on the course of study for the DES is underway; the idea of a national week of paediatric radiology lectures and of specific, short, inter teaching hospital training courses needs to be discussed as a priority. The SFIPP and the SFR are also conferring on the subject of better access to on-line courses already accessible on the SFIPP web site. Paediatric and prenatal radiology is on the move: follow its progress and come and join us!

References


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