

Thinking of Specialty

Clinical radiology relates to the diagnosis or treatment of a patient through the use of medical imaging. Diagnostic imaging uses plain x-ray radiology, computed tomography (CT), magnetic resonance imaging (MRI), ultrasound and nuclear medicine imaging techniques to obtain images that are interpreted to aid in the diagnosis of disease. Interventional radiologists treat as well as diagnose diseases using imaging equipment. Clinical radiologists are central members of the patient's multidisciplinary clinical care team and play an important role in the diagnosis and treatment of disease in adults and children (including babies and foetuses).

Overview of Diagnostic and Interventional Radiology

Clinical radiology is at the forefront of technological advances in clinical medicine. The ability to produce pictures of the human body using many different techniques has revolutionised the practice of medicine over the past hundred years.

Clinical radiology offers tremendous scope for a varied career in clinical medicine, teaching and research utilising cutting edge technology. The practice of clinical radiology is becoming more highly subspecialised as imaging technology increases in its sophistication and complexity: cardiac radiology, interventional radiology, mammography, neuroradiology, paediatric radiology, skeletal radiology, ultrasound, vascular radiology.

Training settings:

With the introduction of network training, radiology registrars **will experience a variety of settings, including metropolitan and regional/rural**. This reflects the reality of current practice, with clinical radiologists working in a range of centres (rural/regional and metropolitan; private and public) throughout Australia and New Zealand.

Training requirements:

- Complete two full years in an approved hospital as an intern/resident
- As a general rule, the Radiology Education and Training Committee encourage experience in a broad spectrum of clinical disciplines prior to undertaking radiology training.

Duration of vocational training is 5 years

There are two major phases of the training programme:

- **Phase 1 (36 months) General Radiology**
 - three years of general radiology training.
- **Phase 2 (24 months) Systems Radiology**
 - two years of system-focused (as distinguished from subspecialty) rotations for advanced radiology training.

New trainees follow a curriculum that reflects the breadth and depth of knowledge and experience required to become a competent and safe clinical radiologist.

Personal qualities required to be a Diagnostic & Interventional Radiologist

- Ability to work in an atmosphere of a common and unified approach to the provision of diagnostic services
- Excellent communication skills and a balanced personality often able to cope with tragic clinical circumstances.
- Ability to make sound clinical judgments, especially under significant pressure.
- Tact, diplomacy, ability to delegate, informs and listens.
- A commitment to the specialty indicates very hard work and willingness to be a team member without necessarily always being the leader.

Specialty Training Programme Information

Medical College

The Royal Australian and New Zealand College of Radiologists ([RANZCR](#)) is the academic body responsible for setting the standards of the training and assessment required to allow registration as a specialist in clinical radiology.

Fellowship/Qualification

Fellow of the Royal Australian and New Zealand College of Radiologists (FRANZCR)

Recognition of Prior Learning

Information not available.

Entry requirement

To be accepted by the RANZCR into the training programme, a candidate must:

- Be a graduate of a medical school recognised by the Medical Council of New Zealand and the Council of the RANZCR (or have successfully completed the NZREX for overseas medical graduates in New Zealand)
- Be fully registered as a medical practitioner by the registering authority recognised by the Council of the RANZCR, in the state or country in which the RANZCR training programme is conducted
Complete two full years in an approved hospital as an intern/resident.

Selection criteria

Selection criteria for trainees:

- Must meet the prerequisites for entry into the training programme
- High standard of academic performance
- Dedication and interest in pursuing a career in Diagnostic Radiology
- Good interpersonal and professional communication skills
- Personal commitment to continuing professional education and development
- Satisfactory professional referee reports
- Satisfactory reports from previous and current employers
- Interest and commitment to research.

Examination requirements

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Further information can be obtained on the [The Royal Australian and New Zealand College of Radiologists](#) website

Resident Medical Officer (RMO) Information

Demand for vocational Training Posts

Year	Number of applications for training year	Number of applicants for training year selected
2016	47	17
2015	51	17
2014	41	19
2013	39	17
2012	36	14
2011	47	21
2010	28	18
2009	36	19

RMO training registrar positions contracted

Northern	Midland	Central	South Island	Total
40	15	10	23.7	88.7

(September 2016 RMO census)

Regions

Northern:

Northland, Waitemata, Auckland, Counties Manukau DHBs

Midland:

Lakes, Tairāwhiti, Bay of Plenty, Waikato, Taranaki DHBs

Central:

Hawke's Bay, Wanganui, MidCentral, Wairarapa, Capital and Coast, Hutt Valley DHBs

South Island:

Nelson Marlborough, Canterbury, South Canterbury, Southern, West Coast DHBs

Senior Medical Officer (SMO) Information

Year	Number of NZ New Fellows
2016	16
2015	30
2014	6
2013	16
2012	13
2011	20
2010	11
2009	34

Average Age of SMOs	Number registered with the Medical Council	% of international medical graduates in the workforce
49	468	41

Number by Region (September 2016 SMO census)

Northern		Midland		Central		South Island		Total	
FTE	Headcount	FTE	Headcount	FTE	Headcount	FTE	Headcount	FTE	Headcount
127.8	153	34.9	46	39.5	50	44.0	63	246.2	312

1 FTE is 40 hours