

<https://www.pedrad.org/Education/Radiology-Residents/Careers-in-Pediatric-Radiology#1599430-educational-links>

F.A.Q.s

Frequently asked questions regarding pediatric radiology as a subspecialty career

1. Do you only read scoliosis exams, dysplasias and bone ages?

In fact, pediatric radiology is the only recognized specialty that combines cutting edge technology in all modalities with imaging of an entire patient population and all organ systems. In essence you are a generalist and a specialist at the same time. In pediatric radiology, we image all patients from 0-21 years old – all organ systems and all modalities. For many patients, they are even followed into adulthood for many reasons (e.g. adult congenital heart disease, cystic fibrosis). For many pediatric radiologists, responsibilities also includes prenatal imaging (obstetrical ultrasound and fetal MRI). We utilize all modalities during fellowship training and in practice. One can even subspecialize in pediatric neuroradiology, pediatric interventional radiology, pediatric MSK imaging, pediatric cardiac imaging, and pediatric molecular imaging, to name a few. Your expertise is the imaging of the health and well being of all pediatric patients.

2. Do you have to work in a Children's Hospital?

The short answer is no. There are many practices (private, hybrid, academic) who would love to have a board certified pediatric radiologist on staff. In many cases, to practice 100% pediatric imaging, you have to be at a Children's Hospital or in a practice setting with enough volume of pediatric cases to fill your schedule. The same is often true for subspecialists. However, if one is willing to perform adult imaging as well, there are endless possibilities in any practice setting. Also, if you combine fellowships, you become even more marketable. For example, if you do a pediatric fellowship (1 year) and a MSK fellowship (1 year), you now have the opportunity to cover for a group 1) general radiology, 2) general pediatric radiology, 3) pediatric MSK radiology, and 4) adult MSK radiology. There are many combinations and possibilities.

3. Will it be hard to find a job?

Based on question #2, and the current predicted job market, the answer is no. There is a shortage of pediatric radiology fellows currently in training and based on retirement estimates, the market is very good. See the link below for further details.

[https://www.jacr.org/article/S1546-1440\(17\)31358-3/abstract](https://www.jacr.org/article/S1546-1440(17)31358-3/abstract)

4. What is a typical day like for a pediatric radiologist?

This is a difficult one to answer since no two days are alike. That is what makes the career so appealing. A typical day can involve teaching medical students, residents and fellows when in an academic setting, interpreting various modalities including radiography, fluoroscopy, ultrasound, CT and MRI, helping with protocol updates, and helping with interdisciplinary conferences such as tumor board, pediatric surgery and pediatric urology conferences. The simple answer is anything that an adult

radiologist does on a daily basis is what we do.

5. Will pediatric radiology fellowships be in a match?

There is ongoing discussion regarding this topic, and it may be that in the near future pediatric radiology will be a matched specialty as well. Currently it is not in the match but this is being evaluated at several levels, including by the Society for Pediatric Radiology and SCORCH (Society of Chairpersons of Radiology in Children's Hospitals).

6. What does the Pediatric CAQ and MOC entail?

The American Board of Radiology administers a computer-based exam to ascertain the qualification of diagnostic radiologists who have studied pediatric radiology. Before sitting for the Certificate of Added Qualification (CAQ) exam, you must successfully complete one year of fellowship training (after residency) in a pediatric radiology program accredited by the ACGME or by the RCPSC (Canada). You must also complete one year of practice or additional approved training, with one-third of that year spent in pediatric radiology. You will have 10 years after successfully completing the subspecialty training requirements to obtain certification. The key elements for certification include:

- Fellowship position must be ACGME-accredited.
- Fellowship training must be documented by letter from the program director.
- Practice experience must be verified by letter from the chief of service or department chairman.
- You must provide evidence of a current state medical license with an expiration date.
- Before submitting a subspecialty registration, you must have paid any outstanding ABR fees in full.

After one obtains a CAQ in pediatric radiology, Maintenance of Certification (MOC) is an integral part of the quality movement in healthcare. All ABR diplomates, including governors and trustees, are required to participate in MOC.

In 2012, the ABR implemented a new MOC process, known as Continuous Certification, for all participating MOC diplomates. The Continuous Certification method uses an annual review in March to evaluate all four MOC parts and fees and render MOC participation status. The four parts of MOC are:

Part 1: Professionalism and Professional Standing

Part 2: Lifelong Learning and Self-Assessment

Part 3: Assessment of Knowledge, Judgment, and Skills

Part 4: Improvement in Medical Practice

Certification status and MOC participation are reported publicly on the ABMS website as well as on the section of the ABR website.

Diplomates with Subspecialty Certification

Diplomates with a subspecialty certificate in pediatric radiology are automatically enrolled in the MOC

program and start participating immediately.

You may fulfill the MOC requirements to maintain your certifications in both diagnostic radiology and one or more subspecialty certificate areas with a single MOC program. Multiple MOC efforts are not necessary, and fees remain the same.

7. What does the pediatric radiology fellowship entail?

The fellowship is a one year program that exposes the trainee to a full spectrum of pediatric radiology. As an example of one fellowship program, at the University of Michigan/C.S. Mott Children's Hospital most of the year is spent in the Section of Pediatric Radiology, during which instruction on pediatric radiography, fluoroscopy, ultrasound, body computed tomography and body magnetic resonance imaging is provided. The fellow also rotates through Neuroradiology and Nuclear Medicine/Molecular Imaging with concentrated exposure to pediatric cases in those areas. Exposure to pediatric interventional radiology is gained via the Pediatric Interventional Radiology Division.

Fellows are trained to perform all types of procedures and to interpret the breadth of radiological examinations performed within pediatrics, including pediatric neuroradiology and nuclear medicine. Fellows will achieve an advanced knowledge base in pediatric disease and pediatric imaging, with skills that allow them to guide the proper imaging work-up of children with disease or injury. Particular attention is given to the appropriateness of imaging studies and developing an understanding of how to optimize imaging studies while minimizing radiation exposure.

Pediatric radiology fellows also contribute to the education of residents and medical students. The fellow will participate in teaching conferences with graduated responsibility as the year advances. The fellow also will develop some basic lectures on pediatric radiology topics. Ample research opportunities exist for fellow involvement. It is expected that the fellow participate in at least one project leading to presentation at a national meeting or publication. The fellow will be allocated some academic time for teaching and research. Support is provided for presentation at a national meeting.

8. How can I learn more about a career in pediatric radiology?

Should your program be interested in learning more, we at C.S. Mott Children's Hospital would be happy to come to your institution to showcase what pediatric radiology can offer as a career choice. We can arrange a lecture and Q/A session through your residency director. If you simply want to contact a pediatric radiologist to discuss your options and answer any further questions you may have, you can contact:

Dr. David Bloom	radbloom@med.umich.edu
Dr. Maria Ladino-Torres	marialad@med.umich.edu
Dr. Aparna Joshi	aparnaj@med.umich.edu
Dr. Peter Strouse	pstrouse@med.umich.edu

Articles:

[Lure to Pediatric Radiology](#)