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Editorial - Radiological Training in Portugal in 2026

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The comparison between the 1999 Radiology residency training program and the one revised in 2024 (Ordinance No. 188-C/2024/1 of August 14th) clearly shows the profound transformation our specialty has undergone in the last two decades. This new program finally aligns us with European guidelines. The radiologist in 2026 is far more than a report writer. Radiology is – and has always been - a central specialty in contemporary medicine, a fact confirmed by the rapid technological growth of imaging techniques, the increasing complexity of our examinations and a clear need for multidisciplinary integration. Among the most evident differences, the organization of the residency program according to organs and systems stands out (versus training organized by "imaging modality" – conventional radiology, ultrasound, CT, etc.) as well as the introduction of additional skills which did not have the same weight at the end of the last century (communication, management, quality and safety, for example). This paradigm shift reflects the current reality of radiology, where the degree of specialization and even sub-specialization is increasingly greater (and necessary), and where the depth of knowledge required in each area far exceeds what was expected two or three decades ago.

As a radiologist who experiences the daily environment of a university hospital with dozens of interns from all over the country, it is difficult to view this new chapter without some apprehension. The desire to elevate radiological training in Portugal to a level of excellence contrasts significantly with the reality of radiology departments in our hospitals.

First, the number of residents currently in training has practically doubled in the last 10 years (from 26 in 2016 to 47 in 2026). Second, the reality we face daily in our services is, at best, one of survival. We are understaffed. With most attendings in public hospitals working part-time, with the introduction of remote working periods, with the unbridled increase in requests for outpatient and inpatient examinations and with the growing use of teleradiology – which is no longer just a "support tool" but the basis of a very substantial portion of outpatient and ER examinations – the question arises: who will train the radiology residents?

We are placing more and more trainees into a system that has fewer specialists to guide them. Furthermore, the increasing differentiation and sub-specialization means that not all departments can offer complete training in all areas. This is not a new phenomenon, but it will certainly be exacerbated by both the new program and the increased number of trainees. The problem is particularly noticeable in more specific areas such as interventional radiology, cardiovascular radiology or pediatric radiology, which don't exist in many accredited training centers. The few specialized centers where these specialties exist risk becoming overwhelmed by the volume of training requests.

Another critical aspect that must be considered is the increasing pressure on radiology, with direct consequences on how residents are integrated into daily clinical activity. On paper, residents assume responsibilities in a progressive way, becoming virtually autonomous in their final year of residency. In reality, the need to fill emergency shifts or respond to inpatient examinations often imposes an earlier assumption of clinical responsibility. This transition, frequently earlier than desirable, does not necessarily stem from faster preparation or exceptional skills from the residents, but rather from an imperative need to ensure the system's response. By prematurely transforming residents into a "workforce" to fill gaps, we are depriving them of the necessary time to study or review cases with specialists.

The so-called "type B" internships also deserve mention. These internships allow residents to engage with less conventional areas of classical radiology and include technical, scientific or organizational domains. In departments where there is almost no time to ensure a complete list of outpatient examinations, how will we integrate these activities?

In this context, complementary training structures such as scientific institutions and scientific societies can play a relevant role. The School of the Portuguese Society of Radiology and Nuclear Medicine (ESPRMN) is already an important instrument in the continuous education of residents and radiologists in Portugal. ESPRMN is a project that has been active for over a decade whose main objective is to help harmonize radiological education in Portugal. Looking at the School's activity in 2025, we see an opportunity to fill some of the gaps I mentioned. Last year, 6 "modules" dedicated to various sub-specialties of radiology were organized: a module dedicated to gynecological radiology in Lisbon, a webinar on radiation protection, a joint training course in pediatric and musculoskeletal radiology in Loulé, a module on artificial intelligence, and a course dedicated to management and quality in radiology, also in Lisbon.

The number of speakers invited exceeded thirty, and the number of registrations reached almost 250 trainees. The School's activity remains dynamic in 2026, with two modules

already completed: a comprehensive two-day cardiovascular imaging course in Lisbon and a module entirely dedicated to the pancreas in Porto. This type of initiative allows the training horizon to be broadened and to creates learning opportunities that are difficult to replicate in day-to-day clinical practice. In this sense, alignment between the residency program and School's initiatives should be a factor to consider to ensure that the ambition of the new plan effectively translates into a solid preparation of future radiologists.

Despite the difficulties I foresee in implementing the new program, it must be acknowledged that the history of medical training has always been, and will always be, marked by periods of adaptation. Programs change, technologies evolve, hospitals transform, but the capacity to teach and learn remains at the heart of the daily practice of the specialty. Ultimately, the responsibility for transforming a regulatory framework into meaningful training falls on the radiologists themselves. As with all previous generations, these residents will also complete their training and, inevitably, will become the ones who train the next generation of radiologists.