Diversity, technology attract radiology recruits

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Discussions of clinical departments seeking control of imaging equipment and outsourcing of reporting work lists can make radiology sound like a profession that has had its day. Not so, according to Europe's radiologists-in-waiting. Medical students across Europe are signing up for radiology because of its dynamism and expanding potential. Once on the job, younger doctors are not disappointed.

The sheer breadth of radiology and its impact on specialties across the board are factors that many new recruits find extremely appealing. A typical CT reporting list, for example, could begin with a case of suspected appendicitis, followed by a patient with renal colic, then a referral from the oncology department. Radiologists can be asked to diagnose a diverse array of pathologies and injuries affecting multiple organ systems, even before their first coffee break of the day.

"You don't miss any part of medicine, really, with radiology. From neurology to musculoskeletal work, internal medicine to surgery, you touch on more or less every subject. I liked that idea a lot," said Dr. Andrea Alcala-Galiano Rubio, a third-year radiology resident at the University Hospital "12th of October" in Madrid.

The wide diversity of clinical cases medical imaging personnel encounter also persuaded Dr. Peter Kornaat to make radiology his first choice specialty. The variety of techniques and modalities only added to the attraction. The downside of the specialty's broad scope means that residents have a sizable workload from the outset, as he soon discovered.

"When I was in the first year, there was so much information. I had to know about all the different diseases, and I had to study really hard," Kornaat said. "That was a difficult period. You don't know anything, so you have to start from zero. Then every two months you have a new topic, so you start from zero again."

He is now in his second year of a radiology residency at Leiden University Medical Center in the Netherlands.

Dr. Maja Hrabak, a fourth-year radiology resident at the Clinical Center Zagreb in Croatia, recalls that the dynamic nature of radiology, and its blend of clinical and preclinical work, convinced her to opt for a career in medical imaging. Her enthusiasm for the subject is now greater than ever.

"The beauty of radiology is to see the same process in different ways in different modalities. You always act like some kind of detective. You try to connect different signs and make a story of them and find the truth," she said.

TECHNOLOGY VERSUS PATIENTS?

Today's trainees are only too aware that an interest in technology is almost mandatory for a career in 21st century radiology. Deployment of PACS and the switch from film-based practice to soft-copy workflow are accelerating, as governments and hospital authorities grasp the potential benefits of digitization. Continual upgrades to scanner software and the launch of new, improved hardware also mean that radiologists must keep abreast of technical developments.

The fast pace of technological change is widely regarded as a positive aspect of the profession, according to trainees interviewed by DI Europe. Their views match up with the findings of a survey reported in the April issue of the American Journal of Roentgenology. The authors of the study found that around 40% of men and women choosing radiology mentioned the use of emerging technology as a decisive factor.

"When I look at my younger and older colleagues, both men and women are interested in the advancing techniques. You can't be afraid of technology when you come into radiology," said Dr. Sophia Zackrisson, a radiology resident at the University Hospital MAS in Malmo, Sweden.
The perception that radiology is all about technology, however, can dissuade many potential candidates from entering the field. In the AJR-reported survey of 250 medical students, more than 94% respondents who had rejected radiology ranked lack of patient contact as the main reason for selecting a different specialty.

The view that radiologists are doctors who do not meet patients is just not true, according to Zackrisson. While initially concerned that a career in radiology might mean "just looking at pictures," she soon discovered that this was not the case. Ultrasound clinic work, image-guided interventional procedures, barium studies, and breast screening work all provide radiologists with regular patient contact.

For Dr. Sarka Boharta, working in the radiology department provides the perfect balance between real-life clinical problem-solving and technology-oriented tasks, just as she had expected. "I like physics and technology, but I also like working with people, rather than being just somewhere in a laboratory. So I think it is an ideal combination," said Boharta, now in her fifth and final year as a resident at the Faculty Hospital Brno in the Czech Republic.

**QUALITY OF LIFE**

Despite insisting that modern-day radiology involves more than image interpretation, today's trainees still value the freedom from inpatient care and the daily crises that can occur on clinical or surgical wards.

The session-based nature of radiology can also make it easier to work part-time. Radiologists in the Netherlands, for example, can arrange to work just four days a week once they have qualified.

"This is a positive thing about radiology. If you have children or want to spend more time with friends, you can decide to work less," Kornaat said.

In the U.K., resident radiologists can take advantage of the scheme for "less than full time" training. This concept, which applies across all medical specialties, allows registrars to take on 60% to 80% of the weekly hours worked by full-time trainees. The total time to qualification is extended accordingly. Of 1083 radiology residents currently working in U.K. hospitals, 94 (8.6%) are undergoing less than full time training.

Aspiring radiologists who choose this option must still apply in open competition for their preferred training posts, said Dr. Alice Veitch. Individual deaneries then decide on the merit of applications and rule on whether a part-time post can be funded.

Veitch is three years into a part-time residency organized by the South West Peninsula Postgraduate Deanery, which covers hospitals in Devon and Cornwall, U.K. She currently works three days a week and takes on 60% of the on-call hours expected of a full-time radiology trainee. She alternates her day shifts regularly to ensure that the training covers all aspects of the weekly routine in a radiology department.

"As long as you are organized and prepared to compromise a little, you can usually come up with a timetable that works," she said. "Part-time work is a bit easier to organize in radiology. Your patients come to a particular session and then go again, so you haven't got that continued responsibility."

The increasing digitization of medical imaging technology is making it easier for radiologists to engineer a good work/life balance. Teleradiology links mean that emergency out-of-hours scans can be reported from home. While this opportunity isn't necessarily regarded as a reason to choose radiology over other specialties, residents who have tried working from home now appreciate its benefits. None, however, relished the prospect of full-time offsite reporting.

"I have a home computer with a connection to work, so I can work at night," Boharta said. "I prefer it, for example, at weekends. But during the week I prefer to go to work."

Slower network connections and the wish to keep home and work separate are two reasons cited by registrars for restricting teleradiology to on-call cover. Trainees also expressed concern that too much remote working could isolate radiology as a specialty, and they want to be on-site, in the hospital, playing an active role in clinical problem-solving.

Teleradiology need not take radiologists out of hospitals, however. Staffing shortages and economics considerations make it difficult to provide top-quality radiological services at smaller hospitals and in geographically remote locations. Trainees consequently recognize that more reporting work may be outsourced in the future from clinics or district hospitals to larger university hospitals, to be handled by radiologists with subspecialist expertise.

"In Croatia, there are many small islands, and here it would be very useful to have teleradiology," Hrabek said. "You cannot have a perfect radiologist on every island, but you can give advice to someone using teleradiology."
MONEY MATTERS

The question of whether to enter private practice is one that the majority of today's registrars will face eventually. This issue is particularly pertinent in the U.K., as the government there has pledged to outsource 15% of all diagnostic services. Trainees who would prefer to stay in the public sector may find they have no choice but move to a private treatment center.

"I'm not saying I'm not going to do any private work, and I may well have to," said Dr. Christiane Nyhsen, a resident radiologist at the Freeman Hospital in Newcastle upon Tyne, U.K. "My experience with the private sector so far is that they cherry-pick the easy work. If you do easy and straightforward examinations, your profit margin is good. But if you do something more complicated, where you have to look at an MR scan for 40 minutes to make up your mind, to make sure you have seen everything, it's not lucrative any more."

The trend in Spain is for doctors to work in public hospitals during the morning and do private work in the afternoon, Alcala-Galiano said. Radiologists tend to contract their services to large clinics, rather than run their own businesses. In the Czech Republic, radiologists seeking out private work will most likely have to set up their own practices. Given the cost of imaging equipment, this limits the number of radiologists choosing to work outside the public sector.

Private practice may be less appealing in countries where radiologists can earn a good living from public work alone. This could apply to the Netherlands, where radiology is regarded as one of the highest paid medical specialties. Government plans to change the way the doctors are remunerated may alter this, however.

"People think you earn a lot of money with radiology, and I think maybe 10 years ago you did," Kornaat said. "But I still think that it is one of the better paid specialties."

A sidebar on trainees' views about outsourcing appears on page 15.

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References


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