Achieving Satisfaction in Radiology Practice: Advice to Graduating Residents

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INTRODUCTION
At the present time, and for the foreseeable future, there seems to be a significant shortage of radiologists in the United States [1-3]. Past experience, however, teaches us that long-term planning on the basis of the present status of affairs could be dangerous. The reason is that the field of imaging is in a state of rapid evolution. New technologies, the insurance environment, the increasing concern about the medical-legal quagmire, and turf issues with other specialties are but some of the factors that might cause significant changes in the relationship between the number of available radiologists and the number of procedures performed in this country. At what age radiologists will decide to retire, how many will choose part-time contracts, and the level of penetration in the profession by radiologist assistants and other ancillary providers are some of the other unknown entities that will play a significant role in determining the future need for radiologists in this country [4-7].

For these reasons, and to ensure the competence and the respectability of our young radiologists in the eyes of our colleagues and of the patients they will be serving, my suggestion to all of our graduating residents is to pursue further training in fellowship programs.

The first question many residents try to answer is the one concerning what imaging subspecialty will ensure good job opportunities in the future. Experience teaches that trying to predict the evolution of any subspecialty in the future is as accurate as predicting the weather 6 months in advance. We all are aware of the rapid evolution that affected the interventional field; interventional radiology has become much less desirable in light of the encroachment on the subspecialty by cardiologists. Therefore, the best way to answer the question for a resident is to choose the field he or she likes the most and become very good at it. Expertise will make a radiologist always in demand and will allow a very gratifying career, earning the appreciation of patients and other physicians.

At this point, a radiologist and his or her family should reach a decision about where it would be desirable to eventually live. Close to family? In the North or in the South? In the mountains or on the plains? This, in my opinion, is an important decision to make as a couple or a family, because my suggestion is to apply for fellowship at a program in an area where it is desirable to live. It makes it easier in entering a new practice where colleagues already know you as an expert in the particular field of subspecialization.

The next decision to be made involves whether to join an academic or a private practice. This is a rather momentous choice although not as definitive as it may have been some years ago, because it is not as hard today to shift from one to the other. In general terms, the private practice world allows better compensation and more time off. However, there are also significant responsibilities that come with those advantages, and in this column, I attempt to touch on some of the differences between the practices of radiology in the 2 environments [8].

ACADEMIC PRACTICE
Academia allows a radiologist to practice with relatively low administrative responsibilities, except if involved in the acquisition of grants or in case the individual reaches a high administrative position. An academic radiologist will most likely feel more intellectual pressure than a private practice colleague but, I believe, also will enjoy significantly greater intellectual pleasure.

In academic practice, there is no up-front financial commitment that must be made to a group, and this is not a trivial issue. Private practices frequently require financial investments that are at times very sizable (to be added to pre-existing educational debt), and at times, guarantees are necessary if practices acquire equipment for free-standing facilities or join ventures with hospitals.

Clearly, unless an academician is in an administrative role, the opportunity to influence the managing of one’s practice is limited, but this leaves a radiologist free of potentially annoying preoccupations. The pressure to generate journal articles and to acquire grants should be carefully evaluated, but these could be eased by choosing a clinical appointment in a university department. This alternative might be of interest to radiologists looking for stimulating work environments without as many academic pressures.
When joining an academic department, some negotiation is possible to ensure the best compensation package, but the opportunities to modify an offer substantially are usually limited. Clarifications should be requested regarding the way the package is structured, such as the following: What is the basic salary? What percentage of the total compensation is guaranteed? How much of total compensation is determined by incentives? Is incentive tied to productivity, and how is this measured?

The benefit package is also important when comparing academic institutions: How much vacation is allowed? Is there additional academic time off for conferences, and are there additional funds available for external academic activities? How is sick time available? How is call covered? Are residents and fellows involved in taking the brunt of the call, or do staff radiologists take first call? How are the pension and medical, life, disability, and long-term care insurance packages structured? In particular, is a radiologist immediately vested in the pension fund, or is there a waiting period? What, if any, restrictive covenants are in the contract limiting a radiologist’s ability to leave the institution and work in the same arena? Many, if not all, of these questions obviously apply to the private sector as well.

It is also very important to try to acquire good information on the career plans of key people in the department, because the prestige and ranking of a department is greatly influenced by its chair and its team of top collaborators. Is there stability in the department, with low turnover? What research has the department been involved with recently, and is the department known for specific contributions to the literature? Is the department structured in a suitable fashion to encourage and stimulate research (an available research fellow, secretarial support, etc.?)

PRIVATE PRACTICE
Private practice is viewed by many as the opportunity to rapidly reach high levels of compensation and generous time off. Although this is frequently the case, it involves taking significant responsibilities and a certain amount of risk that could be more than trivial in some situations. To address these concerns, the reader should note the following considerations in evaluating a job offer.

First, one should consider where a group’s sites of service are. Is it a one-hospital or multiple-hospital practice? Are the hospital(s) viable? Does the group practice at freestanding facilities, and who oversees them and owns them? Where are they located, what populations do they serve (their pertinent to payer mixes)? Are there competing facilities nearby, and how aggressive are they? Are all partners involved financially or just a few senior members?

How is the equipment in the facilities served or is it owned by the practice? Does the facility have a picture archiving and communication system, and is it of a late generation? Is the department’s chair involved actively in the choice of equipment, and how is the relationship with the department’s manager? Does the hospital invest each year in new equipment? Is the transcription equipment efficient, and does the hospital have a good information service that is well integrated with the picture archiving and communication system?

Additional questions should include the following:

- Does the hospital’s CEO give the impression that the relationship with the chair of the department is based on mutual respect and collaboration (a meeting with the CEO should be part of the interview process)?
- Is the institution investing in the department’s equipment funds equivalent to the value of the depreciation taken on the existing equipment?
- Does the hospital own freestanding imaging facilities, and who staffs them? Are other specialists allowed to do imaging in their offices on campus?

The structure of a group is extremely important. Democracy is obviously extremely desirable, but it is not always easy to establish how a group is managed. Almost all groups will offer partnership after varying waiting periods, but the issue is partnership in what? Is the partnership offered for all assets and for the entire governing body of the group, or is it limited to 49% of the assets, while 51% is owned by one or a few senior radiologists? Is the governance based on the one-person, one-vote principle, or do a limited number of individuals reserve the right of decision making? If the group exceeds 7 or 8 members, is there an elected executive committee with good opportunities for everyone to serve on it, is the position of president elected, and how often is the election held? Is the president held accountable for his or her decisions and relationships to the administration? Are momentous decisions made by a majority consensus of all the partners, and is a supermajority required for hiring and firing and for major financial and contractual decisions?

What is the track to partnership? In today’s environment, more than 2 years to partnership would be unusual and should raise suspicions of...
frequently about 1.5 times the annual premium, but not necessary for “occurrence” policies, which are now rare. Tail coverage is necessary when moving from one job to another if the insurance is provided by a different company. Also, check the restrictive covenants that might restrict one’s ability to practice in the same area where the original group practices. There might be room for negotiation.

Next, when looking at a position, talk to the technical personnel and the junior members of the group to find out if the turnover of young radiologists is high and why. Ask about complaints or concerns, and find out the level of satisfaction of the young members of the group.

Another area to be investigated is the way the practice covers its facilities. Workload, obviously, is important. Fifteen thousand to 20,000 examinations a year for a radiologist in general private practice is common, with the higher number to be expected if a picture archiving and communication system is available. Productivity should be evaluated on the basis of days worked, because often, members will have flexible time off. Time off and how it is allocated to partners is a very important issue.

How frequent is call? Is there a nighthawk system in place, or do radiologists have the next day off when on call at night or on weekends? What are the demands of the institution? Do they require around-the-clock radiologist presence in the department, or is coverage provided by teleradiology? Does the hospital provide the group with nighthawk coverage? Is the night and weekend coverage split between interventional radiology and general radiology, or is other subspecialty coverage needed? Is the call equally shared by the partners, or are senior partners absent from call?

Last, a good look should be taken at the way billing is done for a group. Some groups do it in house. Is billing done by the group itself, using its own employees and business manager, or is the service owned by one or a few partners (not a desirable arrangement)? Because of the complexities of managing a billing office and the frequent turnover of personnel, my personal preference would be the use of an independent billing company, with all the services these companies provide (demographics, productivity, referral patterns, and insurance relationships). The worst arrangement is to have a hospital’s billing department provide the service. A hospital’s billing department normally does not have the personnel or expertise to pursue all the small bills radiology generates or to follow up on payment denials.

From the above discussion, it is clear that private practice allows significant involvement on the part of radiologists in managing their own practice and being involved in the decision making that will shape a group in the future. However, this involves some degree of risk taking. Some of the risks include the potential failure of the institution at which the group practices; the inadequate or, worse, illegal methods of billing that a group might be using; the strategic direction taken by the group in the rapidly evolving practicing environment; and the instability of the group due to internal turmoil.

CONCLUSIONS

The process of choosing the kind of practice to join has to be approached with caution. Not everything is as easy as it may seem in either the academic or the private environment.

What is true in any case is that ours is a wonderful specialty that allows us great opportunities to serve our communities with the best available imaging services. To
be able to find the style of practice that best fulfills our professional needs, I suggest carefully evaluating the job proposals you receive and consulting an attorney and an accountant familiar with the medical and, in particular, the imaging practices in the area where you are considering settling. Their help and insight will be extremely valuable, and the investment in their services will be one of the best you will make. The goal should be to provide you with a much deeper understanding of the practice environment in your community of choice.

I am most impressed with the quality of the residents and fellows graduating from our programs, and I feel that they all deserve the happiest environment to apply all the knowledge and skills they have. I hope these suggestions will help their search for a satisfying and fulfilling life as radiologists for many years to come. There is no doubt that our contribution to the practice of medicine and to the welfare of our patients will continue to increase in the future.

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REFERENCES

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