Academic Radiology and the Future of the Specialty

All for one, One for all, Every man for himself.
—The Three Stooges

This issue of JACR contains an important article by Drs Dodd, Fletcher, and Thorwarth on the plight of academic radiology and why this problem is perhaps the most important facing our specialty. As noted by the authors, a large number of the departments responsible for training future radiologists and conducting the research that nourishes the technological advancement that fuels radiology have been limping along under a burden of insufficient funding to address those goals. The reasons for this state of affairs are manifold and to some extent determined by any given institution’s specific circumstances. However, for most, declining per case reimbursement, adverse payer mixes, institutional restrictions on radiologists’ entrepreneurship, and taxes on income that must be paid to institutions play at least some role. Most significant, however, has been the run on recent graduates of residency and fellowship programs, as well as on academic department faculty members, by community practices. Impelled by the ad hoc hiring freeze devolving from declining per examination reimbursement of the 1990s, and the dramatic avidity for radiologists accompanying today’s increased work volumes, most academic institutions increasingly are having difficulty financially competing for radiologists to address the academic missions. Although the degree of resultant suffering varies widely, the authors are correct to my mind in pointing out that it is the midlevel academic departments that are faring the worst.

Clearly, radiology can ill afford to lose its base of training for future radiologists. Radiology is already beset by accelerating office-based self-referral, and a reduced capacity for producing radiologists to compete with nonradiologists could well be a death knell for the specialty. Yet private practice radiologists are caught in a quandary. Even if they recognize that raiding academic departments is counterproductive in the long-term, what do they do about their immediate needs to fulfill their own work demands? The situation is analogous to America’s fishermen depleting their fisheries; watermen must understand that continuing to exploit the oceans at current levels inevitably will lead to their own eventual extinction, but they are unwilling to reduce their current catch levels (and hence their incomes) to address the problem.

Dodd et al offer some examples of how community practice radiologists could collaborate with academic departments to help alleviate the situation. Such activities as sponsoring a fellow or offering to periodically work gratis in a neighboring academic center have some potential to partially address the manpower issue and perhaps free up some faculty members to pursue academic activities. However, my concern is that these benefits are relatively short-term and have limited capacity to provide real relief from a key aspect of the problem, namely, our specialty’s limited intellectual firepower.

Financial insolvency is forcing the conduct of radiology research to shift away from many midlevel departments. As a result, significant imaging research is becoming nearly exclusively the purview of a small number of elite academic departments. As evidence, more than half the federal extramural funding to radiology departments is concentrated in just 8 departments, and less than half of academic radiology departments have any federal extramural funding at all. This is a precarious situation. More than most specialties, radiology requires constant innovation to remain successful. The unexpected (to many) volume increases radiologists are now enjoying are in the largest part a reflection of both new technologies and new applications of older technologies that have been developed by our academic departments over the past decade. Especially given the threat of self-referral, the long-term survival of radiology, in my view, heavily depends on our academic departments’ continuing innovation that expands our capabilities. Without the development of new uses for imaging, we surely will witness the erosion of our services. It is not an overstatement to say, therefore, that healthy academic departments are indispensable if radiology is to survive as a unique specialty.

As noted in the article by Dodd et al, the ACR has empanelled a task force of community practice and academic radiologists to evaluate how we can address the decline of academic radiology departments. I believe that this is a very positive sign, not only signaling a recognition that this is an impor-
tant threat to the specialty in and of itself but validating that the problem of ineffectual academic radiology departments further debilitates radiology in addressing the pernicious effects on the specialty of self-referral. Given the seriousness of the problem, my hope is that the group will be bold in making its recommendations. I believe the greatest barrier the task force will have to face is the consideration of self-interest. It is one thing for groups to decide to fund a fellowship for graduating residents before they join their practices and quite another to contribute cash to bolster the specialty’s capacity for innovation. The latter is a perplexing example of the well-known economic parable of the “problem of the commons.” As I have detailed above, research in radiology is an essential common good to which only a fraction of enlightened practices are likely to contribute. Inevitably, there will be “free riders” who will not contribute but who will reap rewards equal to those who do. Can the task force working on this problem find ways of helping radiologists get past the problem of the commons to preserve our specialty?

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