

Transitioning to Independent Practice: An Early Career Perspective

Amy K. Patel, MD, Darel E. Heitkamp, MD, Margaret M. Fleming, MD, MSc, Kimberly M. Beavers, MD, Jay R. Parikh, MD

INTRODUCTION

The transition from radiology training to independent practice can be an exhilarating yet challenging phase of one's professional journey. Key uncertainties tend to dominate this period: Which is the best practice type for me? Could I succeed in private practice? What should be my expectations from a career in academics, private practice, or teleradiology? In this opinion piece, we compare the general characteristics of jobs in academic radiology, private practice, and teleradiology for the benefit of trainees and young career radiologists looking to weigh their early career options.

ACADEMICS

For radiology fellows, picturing a career in academic radiology will almost certainly be easier than imagining one in private practice since you have watched your attendings navigate the perks and challenges of academic radiology for 4 straight years. Although there is great variability with regard to academic radiology group size and ownership, today's academic medical center model is trending toward larger departments whose members are employees of multispecialty medical groups [1].

Although every radiology job is different and exists somewhere on the academic-private practice spectrum,

basic generalizations can be made about what qualities make a job "academic."

The first is the degree of importance departments place on their academic missions. Most academic groups provide their radiologists with dedicated time to explore their areas of interest, which can range from clinical research, education, quality, health policy, informatics, to global health. Academic time tends to be uncompensated at most institutions unless they have academic compensation plans.

Another facet of the academic mission is a strong commitment to education. A job in academics generally involves near-daily interaction with residents and fellows and at least occasional exposure to medical students. Therefore, job expectations would include tasks such as daily teaching at the workstation, procedural training, preparing and giving resident lectures, and mentoring. Education and teaching are among the cornerstones of a career in academics. Additionally, academic jobs tend to encourage a higher degree of practice subspecialization [2].

Finally, the complex governance structure of academic groups, as well as their relationships with other stakeholders in the academic medical center, tend to make it harder for the group to make practice changes. Salary

and paid time off for academic jobs are generally less compared with those in private practice, although they can be quite variable depending on geographic location. For many, however, the trade-off in salary and paid time off is well worth the personal and professional satisfaction provided by greater autonomy and time to pursue academic interests and attend conferences [3].

PRIVATE PRACTICE

Private practice groups vary widely regarding ownership, academic responsibility, and group culture. Some groups have contracts with hospitals and imaging centers, some own their own imaging equipment or facilities, and others are employees of hospitals or medical groups. A key difference among these categories of radiology groups is whether they are able to collect the technical component of their imaging fees in addition to the professional component, which is allowable if they own their imaging equipment. Opportunities for ownership often depend on multiple factors, including local markets and relationships with hospitals.

Although most private practice groups have no academic responsibilities, some are affiliated with academic institutions and operate under a hybrid academic structure.

Within hybrid groups, some radiologists volunteer to teach and mentor trainees, and others retain only clinical responsibilities. Private groups also tend to place less emphasis on research and other academic pursuits, although interested radiologists often still participate. Some groups even compensate their members for their time and effort with teaching and research. Similarly, involvement in radiology organizations (eg, ACR, ABR) depends on the individual and group [4]. Some groups encourage such participation by paying dues or paying for time to participate and advocate for the specialty. Similarly, some groups will encourage participation with hospital committees with guaranteed time or compensation.

In many ways, group culture informs a lot about the group and its many facets. Private practice traditionally has high case volumes, although one could argue that academic volumes have increased in recent years and may be similar. Some groups will run their staffing on the leaner side, which means volumes are high for each radiologist; other groups qualify as “lifestyle groups” with more staffing, and therefore less volume. Some groups run their staffing by shifts, and others have longer days with the responsibility of staying late if needed. Call scheduling is another aspect of group culture: Are calls distributed evenly among partners and associates, or do certain members bear more of the call? Similarly, staffing of overnight radiology coverage may depend on seniority, be evenly distributed in the group, or be outsourced to a teleradiology practice that provides overnight coverage.

Generally, salaries are higher in private practice compared with academics, but details depend on the partnership structure and whether the group is independent or employed [4]. The time to achieve partnership also

varies among groups and geographic regions. Paid time off is part of compensation and should also be considered.

TELERADIOLOGY

In our ever-expanding virtual world, teleradiology is becoming increasingly popular. Previously considered a less desirable career track by some, it is now not only an option for early career radiologists, but also a feasible long-term career choice. Careers in teleradiology are diverse and can include general radiology, subspecialty radiology, split time between in-person and teleradiology, overnight interpretation services, and more. There are now many large private teleradiology groups in the United States that offer autonomy, flexible hours, choice of subspecialty or generalized radiology, opportunities for promotion, and leadership [5]. Some teleradiology groups will allow you to work in an in-person group, including working part-time. Opportunities also exist for teleradiologists to be involved in leadership and remain engaged in radiology organizations. The potential downsides of 100% teleradiology include social isolation, difficulty getting to know clinicians on a personal level, and inability to troubleshoot in real time (eg, “back scanning” a patient with ultrasound after the sonographer).

Compensation models in teleradiology groups are variable. Although some of the larger teleradiology groups are salaried, nearly all have some level of compensation tied to relative value units or other measures of productivity. This is not necessarily a deterrent as productivity-based compensation has become more prevalent in many radiology careers. Additionally, opportunities exist in many groups to achieve partner status or promotion.

Especially during the pandemic, where the virtual workplace has become the norm, careers in teleradiology are more attractive than ever.

ESSENTIAL PRO TIPS

The first 6 to 12 months are crucial when transitioning to practice. The learning curve is steep with many variables. It is imperative that you understand the culture and key players of your practice or institution. These first few months also are paramount when making a first impression: positivity, humility, and a can-do attitude can go a long way when adapting to a new culture and practice. It is also important to refrain from trying to change things for the better upon arrival at a new job. Listening and observing can be powerful agents for eventual positive change, affording time necessary to discuss the measures you and others would like to implement in your practice.

Additionally, when transitioning to your first radiology job, expect to stay late and work long hours as you improve your clinical efficiency. Even graduates of high-volume training programs will have to put in extra time at first, whether it is learning a new PACS system, creating dictation templates, or understanding the workflow of the practice. This extra time will speed the acclimation process and allow for most new radiologists to substantially improve their efficiency over the first year.

CONCLUSION

Trainees and young career radiologists should consider the numerous features that make today’s radiology jobs different from one another, such as group governance and independence, average daily clinical volume, call, vacation structuring, opportunities for teaching, and time allotted to pursue academic interests. Despite such

granular differences among groups, a near-universal rise in imaging volumes and the high level of subspecialization required by both academic and private practice groups has made radiology jobs more alike in these vital areas than ever before. Trainees should begin dialogues with groups in late residency or early fellowship once establishing their geographic

preferences to begin understanding basic group structures and hiring needs.

REFERENCES

1. Kash B, Tan D. Physician group practice trends: a comprehensive review. *J Hosp Med Manage* 2016;2:3. <https://doi.org/10.4172/2471-9781.10008>.
2. Maynard D. Academic radiology: time for action. *Acad Radiol* 1995;2:1097-103.
3. Bhagwat J, Ondategui-Parra S, Zou K, et al. Motivation and compensation in academic radiology. *J Am Coll Radiol* 2004;1:493-6.
4. Andrews RT. Academic vs. private practice: an indistinct distinction. *Semin Intervent Radiol* 2019;36:10-2.
5. Rosenkrantz A, Hanna T, Steenburg S, et al. The current state of teleradiology across the United States: a national survey of radiologists' habits, attitudes, and perceptions on teleradiology practice. *J Am Coll Radiol* 2019;16:1677-87.

Amy K. Patel, MD, Medical Director, Liberty Hospital Women's Imaging, Department of Radiology, Liberty Hospital/Alliance Radiology, University of Missouri-Kansas City School of Medicine, Kansas City, Missouri. Darel E. Heitkamp, MD, and Kimberly M. Beavers, MD, are from the Department of Radiology, AdventHealth Medical Group, Orlando, Florida. Margaret M. Fleming, MD, MSc, is from Quantum Radiology, Atlanta, Georgia. Jay R. Parikh, MD, Divisional Wellness Lead, Division of Diagnostic Imaging, Department of Radiology, University of Texas MD Anderson Cancer Center, Houston, Texas.

The authors state that they have no conflict of interest related to the material discussed in this article. Dr Patel is a partner in private practice and also employed in an adjunct position at the University of Missouri-Kansas City School of Medicine. Dr Heitkamp, Dr Beavers are employed in a hybrid academic-private practice. Dr Fleming is employed at a private practice. Dr Parikh is a nonpartner employee of an academic medical center.

Amy K. Patel, MD: 2529 Glenn Hendren, Liberty, MO 64068; e-mail: patelak@umkc.edu