

Inventory of Strategies to Address the Radiologist Workforce Gap



The field of radiology is currently experiencing a significant imbalance between the number of trained radiology residents, available radiology positions, and the escalating demand for imaging services. This disparity is multifaceted and arises from a combination of factors, such as the increasing importance of imaging in medicine, evolving clinical practices, and a surge in imaging volumes, especially in emergency departments (EDs). Despite the growing demand for imaging services, the pipeline for training new radiologists has remained relatively stable. In a recent article from the American Journal of Roentgenology, the authors address the current workforce challenges and propose several short-term strategies to bridge the gap between supply and demand.

The U.S. radiologist workforce is undergoing substantial transitions characterised by high turnover rates, burnout, and retirements. The COVID-19 pandemic has further exacerbated these trends, highlighting the urgent need for effective workforce strategies and interventions. Projections from the American Association of Medical Colleges indicate a significant gap in the number of specialty physicians, including radiologists, by the year 2034. By creating an inventory of potential solutions, practices can choose the potential mechanism(s) to address the workforce shortage that best fit their needs and local environment.

Retired Radiologists: Leveraging the expertise and experience of retired radiologists by offering job-sharing, part-time positions, per diem work, or phased retirements. This approach aims to allow senior radiologists to continue contributing to clinical care while providing additional clinical coverage.

Expand Part-Time Radiologists: Encouraging part-time radiologists to work additional days can significantly increase clinical coverage. According to the American College of Radiology (ACR) Workforce Survey Data, approximately 16% of the radiology workforce is part-time. If these part-time radiologists were to work just one additional day per month, it could result in a substantial increase in clinical coverage nationally.

Seasonal Workers: Implementing a flexible staffing model that hires workers based on anticipated fluctuations in imaging volumes can help optimise resource allocation. For instance, staffing levels could be temporarily increased during peak periods like flu season, school vacations, or specific awareness months such as Breast Cancer Awareness Month.

Fellowship Trainees: Fellowships provide an opportunity to utilise trained radiologists who have completed their residency. These fellows can be employed as moonlighters to help manage worklist backlogs, participate in call duties, or provide after-hours coverage. Given that most radiology residents complete a fellowship, this approach offers a potential workforce of approximately 1,000 radiologists who could work part-time.

Alternate Pathway for International Medical Graduates: The American Board of Radiology offers an Alternate Pathway for international medical graduates (IMGs) to enter the U.S. radiology workforce. This pathway allows qualified IMGs to complete a 4-year training plan through a Sponsoring Department Agreement, which can include residency, fellowship, and faculty appointments. Since its inception in 2019, this programme has certified over 100 candidates, providing a valuable source of skilled radiologists.

Reading Room Assistants: Employing reading room coordinators or assistants to handle administrative tasks can alleviate the workload on radiologists. Tasks such as phone coverage, calling ordering providers for non-critical findings, and scheduling can be delegated, allowing radiologists to focus on clinical interpretations and improving productivity.

Non-Physician Providers (NPPs): Integrating non-physician providers such as nurse practitioners, physician assistants, and registered radiologist assistants can help alleviate the workload on radiologists. These providers can assist with pre-dictating diagnostic examinations, working up patients, and performing minimally invasive procedures. However, this approach is not without controversy due to concerns about scope expansion, independent practice, and potential job displacement for future radiologists.

In addition to these people-centric strategies, there is a need to focus on process and physical plant optimisations to enhance radiologist efficiency and productivity:

Preliminary vs. Final Teleradiology Services: Many radiology practices outsource evening and overnight work to teleradiology services. Historically, these services provided preliminary reports, which were later finalized by local radiologists. However, there has been a shift towards receiving only final reads directly from teleradiology companies, reducing duplicate work efforts.

Reductions in Low-Value Imaging: The Medicare Payment Advisory Commission reports that a significant number of low-value imaging services are performed annually. By implementing standardised recommendations and protocols, practices can reduce unnecessary imaging, thereby optimising workflow and improving efficiency.

Vacation or Conference Time: Modifying vacation or conference time policies can provide additional clinical coverage. For example, reducing vacation time by one week per radiologist could contribute the equivalent of 340 additional radiologists, assuming each radiologist works 40 clinical weeks per year.

Ergonomics: Ensuring a well-designed and ergonomically sound reading room can reduce the risk of musculoskeletal injuries and enhance radiologist comfort and productivity. Best practices in ergonomics for radiologists have been described, and implementing these can help reduce burnout and improve retention rates.

Hybrid Workflow and Remote Work: The COVID-19 pandemic has accelerated the adoption of remote work and hybrid workflows in radiology. While remote work offers benefits such as increased productivity and flexibility, it also presents challenges related to IT support, data security, and potential isolation from colleagues.

Addressing the workforce challenges in radiology requires a multifaceted approach that combines people, process, and physical plant optimizations. While each strategy offers potential benefits, a combination of these approaches is essential to narrow the gap between the supply of radiologists and the demand for radiology services effectively. By implementing these short-term strategies and focusing on workforce retention, the radiology community can ensure high-quality patient care while maintaining the well-being and satisfaction of radiologists.

Source: [American Journal of Roentgenology](#)

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