



## Two ways to make the most of the improving radiology job market

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**F**our years ago I recall writing in this space regarding a downturn in the radiology job market.

How things have changed!

A recent (2016) ACR-commissioned survey of radiology groups reveals that between 1,713 and 2,223 new jobs will become available this year. This represents over a 16% increase from the prior year. Breast imaging remains the most sought-after subspecialty, constituting 14% of job opportunities. This is closely followed by general interventional radiology (13%), and then by neuroradiology, general radiology, body imaging, and musculoskeletal imaging, which all share nearly equal opportunities for radiologist employment. Also worth noting is an upward trend in emergency radiologist hiring, at 10% of position openings. As a brief aside, the survey found that a relatively large portion—28%—of practicing radiologists are 55 or older.<sup>1</sup>

The survey results reflect my own impressions which, based on anecdotal evidence,

indicate the job market is much more robust than it was even a year ago. At my own institution, I have seen a resurgence of our fellows obtaining multiple job offers in desirable locations. This was not the case just two years ago.

At the same time, on our recruitment end, we are having a much more difficult time filling our openings in abdominal imaging. Two years ago my section had 55 applicants for one position. In the past year that decreased to 15 applicants. Surveys of program directors show them offering positions in academic radiology to their best fellows at the beginning of the year, knowing the pool of qualified applicants will be diminished by mid-year.

I would argue that this all means we need to do two things: 1) spread the word to our residents, and especially to our medical students, that radiology job opportunities are back, and 2) broaden the scope of our radiologic training.

An interesting study published in 2015 by Arleo et al<sup>2</sup> showed that 50% of respondents

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going into radiology were concerned about outsourcing, and 45% of those not going into radiology thought the radiology job market was shrinking. This same study showed that intellectual challenge was listed as the top reason for students going into radiology, while degree of patient contact was listed as the most common reason medical students chose other specialties.

Another telling survey statistic is that in 2009, 87% of radiology residency positions were filled by United States medical graduates, while in 2015, only 56% were filled by U.S. graduates. In addition, only 2.8% of women, compared to 11.8% of men, applied for radiology positions.<sup>3</sup> The same survey found only a small fraction of residency applicants previously had radiology rotations at their medical schools. Having such a rotation was correlated with a higher likelihood of choosing radiology. Thus, to continue the supply of top-tier applicants into radiology, it would seem that elective rotation exposure to the specialty in medical school is vital.

### Preparing for the job market

With these recent improvements in the job market, how should radiology residents prepare to be successful job applicants? For one thing, it helps to have broad training.

Certainly, in the 1980s it was rare for radiologists to seek fellowship training: in 1984, only 8% had fellowship training compared to 95% of radiologists today.<sup>4</sup> Furthermore, up to 18% of radiology residents pursue two fellowships.

What are some important skills sought by prospective employers? Three-quarters of those in private practice are seeking applicants with subspecialty training and general radiology skills.<sup>5</sup> Academic departments seek similarly prepared applicants in 38% of cases, while 44% seek candidates with specialty training only. This may have implications for fourth-year radiology students and their selection of fellowship. Residents and fellows should realize that finding an isolated niche in one subspecialty may not make them competitive for the current job market. Thus, some have suggested<sup>5</sup> that the fourth year of residency should include multiple or all subspecialties of radiology.

For example, at my institution we still provide an obstetrical ultrasound rotation, yet one of our seniors planning for a career in interventional radiology preferred to skip that

rotation in favor of another on the interventional service to further prepare himself for his fellowship. However, given the data noted above, more competence in multiple areas of radiology may be preferable, especially to provide on-call coverage. The potential for fellows to handle many specialty areas beyond training points to the need to preserve a strong level of general radiology training rather than do a pseudo-fellowship in residency before an actual fellowship where true specialty training should occur.

While I certainly hope that ongoing job growth in radiology will encourage U.S. medical students to choose our field as a specialty, there is more we can do to keep radiology a robust and popular specialty. One is to get the word out about radiology earlier. It seems wise to provide medical students more contact with radiology earlier in their clinical training, rather than confining it to a fourth-year elective, when it is too late to influence their specialty selection.

Second, we need to broaden the scope of our training. If prospective employers are looking for broad-based skills to provide appropriate coverage, it seems the senior year of residency should provide diverse training that emphasizes general skills. Added experience outside the primary specialty definitely appears important, particularly in the private practice setting.

Amid the uncertainty of how today's political climate in Washington will impact health care, I believe that taking these steps can help prospective job seekers make the most of the improving job market in radiology.

### REFERENCES

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