

SPR Myth Busting in Pediatric Radiology Webinar: Questions and Answers

Overall advice for trainees: Don't choose a radiology subspecialty because of the job market or even because of what you perceive are the call responsibilities, because both of those change. The job market fluctuates. If you pick a subspecialty that you don't particularly like based on what you think groups want, you will be unhappy in the long run. Call responsibilities vary considerably from group to group, so you will be able to find one that fits your needs.

1. Pediatric radiology as a career choice

- a. We are highly respected by our clinical colleagues
 - i. Sought out for help and to provide opinions on many cases
- b. We get to regularly interact with patients and families
 - i. This is some of the most rewarding part of our work
 - ii. Child life helps ease fears through distraction techniques
 - iii. While we do encounter sad cases, most of our interactions are very positive. Kids are resilient!
- c. We make a real impact on patient care and the impact we make lasts a lifetime!
- d. We see and participate in many great success stories

2. Are you geographically limited by doing pediatric radiology?

Absolutely not! There are so many available jobs for pediatric radiologists across the United States, in a wide array of geographic settings and practice types. While many jobs exist in traditional academic settings within children's hospitals, there are also many jobs in private practices and in teleradiology. Furthermore, teleradiology jobs are not the only jobs that allow you to work remotely. Many of the pediatric radiology jobs today allow for some type of remote work, enabling people to live and work from anywhere in the country. Private practice jobs might cover a dedicated children's hospital, service a children's wing or floors within an adult hospital, or allow you to read pediatric studies performed at multiple sites within a network.

3. Is pediatrics marketable in private practice?

Absolutely. Look no further than the SPR and ACR job boards for listings of pediatric radiology opportunities in private practice. Private practice groups are heterogeneous, with varying degrees of sub-specialization. In many private groups, radiologists are expected to read their sub-specialty (peds, neuro, musculoskeletal, etc.) and general radiology. Some private groups cover children's hospitals. Overall, pediatric radiologists are highly valued by their colleagues in private practice because they bring a skill set and expertise to an area that many adult radiologists are not comfortable doing.

4. How much call is there in pediatric radiology?

This is highly variable and should be discussed with individual groups to learn their practice. Call might be evenly distributed among all pediatric radiologists on staff. Large groups may divide call based on subspecialties within pediatric radiology, such as body vs. neuroradiology vs. interventional radiology (IR). Other practices might have dedicated overnight pediatric radiologists who cover any procedures, resulting in no

overnight call for the rest of the group. In private practice, a pediatric radiologist might also be expected to participate in general radiology call or might be forgiven for participating in it because of dedicated pediatric radiology call.

5. What do productivity responsibilities look like in private practice?

Private practice radiologists are expected to be productive. One measure of productivity is the number and type of exams read, which can be described in terms of Relative Value Units (RVUs). RVUs are primarily used for payment from insurers like Medicare and are not a very accurate measure of radiologist productivity, particularly when comparing across subspecialties (i.e. pediatric radiology vs. neuroradiology vs. IR). Since this is well-recognized among radiologists, various approaches have been developed to measure productivity in a more balanced fashion. A high functioning private group acts as a team, and delivering high quality pediatric imaging services is an important part of the team.

6. Is it possible to start in academics or private practice and then transition to the other?

Absolutely. Many pediatric radiologists have navigated from one to the other at various points in their careers, and some have even transitioned back to their original practice setting. Changing jobs can be challenging for anyone, but being a pediatric radiologist does not restrict one's career choices.

7. Are pediatric radiologists expected to stay in their job long term?

There will always be a need for pediatric radiologists. How long they spend in each place of work is a personal decision. Changing location or job type is common, depending on career goals and personal choices. Departments and practices hope that when they hire someone, it is for the long term, but understand that changes in circumstances occur. On the other hand, moving around frequently from job to job will appear as a red flag to potential employers.

8. What are some avenues to continue working in adult radiology while mainly doing pediatric radiology?

- a) Private practice allows you to read a combination of adult and pediatrics. The percentage of each vary with each practice, so that is a question to ask individual groups. The percentages can also change over time due to hospital contracts and staffing.
- b) Teleradiology allows for reading a combination of adults and peds and might have more flexibility in terms of how much of each you want to do.
- c) Children's hospital with an academic department where most of your work is in pediatrics, but the department also covers a women's hospital or allows you to work part-time on the adult side.
- d) Work primarily as a pediatric radiologist and have a side gig that allows you to read adult cases.

9. Subspecialties within pediatric radiology

Pediatrics is a microcosm of adult radiology with numerous subspecialty options. These include general pediatric radiology, neuroradiology, cardiac, chest/thoracic, body, musculoskeletal, fetal, nuclear medicine, emergency medicine, IR, and

neurointerventional radiology. Day-to-day work within each subspecialty will vary by practice. Some groups might have you rotate daily duties based on modality, while others might have you read a combination of all modalities. IR jobs might involve spending some days doing procedures and other days in clinic or reading general pediatric radiology.

10. Can you discuss peds IR?

- a. Peds IR - there are two pathways:
 - i. Combined IR/DR residency followed by a dedicated pediatric IR fellowship. This pathway allows for flexibility in practicing both adult and pediatrics or focusing solely on pediatrics.
 - ii. DR (Diagnostic Radiology) residency followed by fellowships in pediatric radiology and pediatric IR.
- b. Neuro IR:
 - i. NIR fellowships are 2 years, and eligible candidates must have completed an accredited neuroradiology fellowship.

11. Pediatric radiology compensation compared to other subspecialties and sources for radiologist salaries

- a. Pediatric radiologists do not earn less than adult radiologists in non-interventional subspecialties.
 - i. “National data on the 50th percentile total compensation of academic salaries of radiology subspecialties does not support the existence of a pay gap as the academic pediatric radiology salaries are on par with the majority of non-interventional subspecialties (unpublished data from the fiscal year 2019 Association of Administrators in Academic Radiology [AAARAD] Faculty Salary & Productivity Survey). Also, the salaries of private practice pediatric radiologists are generally higher than academic salaries although the relative value unit (RVU) production for both practice settings is essentially the same (slightly higher for academic practice) (unpublished data from the fiscal year 2019 Society of Chiefs of Radiology at Children’s Hospitals [SCORCH]).” [Farmakis et al. Pediatric Radiology (2019) 49:1132–1141.]
 - ii. A review of the 50th percentile total compensation from 2023 SCORCH and AAARAD surveys also demonstrates that pediatric radiologists essentially make the same as their adult colleagues in similar ranks (assistant professor, associate professor, and professor).
 - iii. No significant difference in mean salaries for pediatric radiologists compared to adult radiologists in non-interventional subspecialties, according to the ACR 2023 Workforce Survey.
- b. While there is a great deal of variation in private practice compensation models, there is an expectation that radiologists will be productive. In some private practice groups, all partners make the same salary, with the understanding that they share the work. By the time a radiologist is elevated to partner, usually after a few years with the practice, the other partners have a good sense of whether the radiologist is hardworking and productive, and if they feel comfortable trusting them to do their fair share. Other

groups may base bonus payments on productivity performance, which are frequently benchmarked to the subspecialty to avoid imbalances.

12. How can you negotiate salary in a high demand field?

Some elements of salary are not negotiable depending on the practice type. If that's the case, you can ask for a signing bonus, relocation expenses, or other changes in the benefits package. Some groups also have obligations to shareholders that might limit what they can offer. If asking for changes in compensation, be reasonable in your request. There are always groups that will pay more, but salary isn't the only thing that a group is giving you. Although salary is important, the group's culture and sense of collegiality are also extremely important.