

Pursuing a radiology career: Private practice or academic ?

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From the first images of his wife's hand which Wilhelm Conrad Rontgen saw in 1895 to the latest advances in radiology and imaging that we are witnessing today, radiology has traveled a long way. On the one hand, as we try to apply innovative technologies in pursuit of administering best medical practices, on the other, we are always focused on the cornerstone of radiology education, i.e. academics, which germinates, nurtures, and creates a new radiologist from time to time, from various medical colleges. With radiology as a specialty arose a question as to which is stimulating – private practice or academic practice?^[1] The health of academic radiology is indispensably vital to any radiologist, whether one is into private practice or an academic foothold. While both have their respective domains to look into and focus on their respective strengths, the importance of academic centers can never be sidelined, since they act as the first doorstep into radiology; it is only after passing out as a radiologist can one consider the options of pursuing a career in private or academic practice.

When we spin the coin to determine the weight of either of the spheres in radiology, private practice radiology *vis-à-vis* academic radiology, the side that definitely assumes significance is academic radiology. With no two opinions, the edifice of radiology happens to develop top-notch radiologists, who are always absorbed straight away into either private or academic practice, which is the eternal responsibility of academic medical centers all over the world. To have an idea and better understanding of this debatable question, let us try to look into the pros and cons of both private and academic practices, in pursuit of better clarity for gauging the right call.

Private practice seems to be the buzzword across the world for its glitz, glamour, and money involved. With not many people to be answerable to and based on monetary scope, the radiologist in this sphere can reach a wide spectrum of practice ranging from conventional radiology, ultrasound, Doppler, Interventional Radiology, Neuroradiology, and so forth, till the latest in line being positron emission tomography (PET)/computed tomography (CT) or other emerging facets; sky is the limit! Radiology comes as a buffet for the private practitioner, so as to enable him or her to choose from various modalities on the palate. Though the picture is not always very convincing, with its due shades of gray, the overall color seems to be worth the go. Not only the investment part of it, but even the returns it gives, after the initial struggle and establishment of teething issues, the way once money rolls is for the radiologist to take. As the gamut of imaging covers the entire spectrum from head to toe, clinical cases help delve into the idea of making money which is directly proportional to the number of cases looked into. Unlike an academic radiologist, there is no reason for a private practice radiologist to invest time in research and data submission, alongside teaching students in pursuit of creating new radiologists from time to time. The society also knows very well that given the financial viability, quick results can be had from a private practice radiologist. On the hindsight, the only two issues which become relative speed breakers in private practice are the self-propulsion to learn and update and to be able to develop the skills to write articles meticulously in professional journals.

While all is said and done of the glamour of private practice, the baseline in creation of a radiologist was, is, and will always be the academic medical center, from where radiologists get churned out, year after year, on completion of due requirements. In the Indian context, we have the near-parallel system of Dip. National Board based radiologists who fill in the space which has been created by a void of inability of the academic centers to bring out as much radiologists in quantum as required, unlike the West wherein such a system does not exist.^[2] From the time medical specialties evolved, not only radiology for that matter, the medical colleges have had the onerous responsibility of gifting new specialists to compensate the vacuum created by the ones who retire, demit private

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10.4103/0971-3026.137021

practice, or are dead. The academic radiologist primarily looks into the perspective of service to the society, in pursuit of the Hippocratic Oath which is to teach medicine, where one who teaches learns twice and he or she becomes a teacher, tutoring residents, support staff, colleagues, patients, and medical students, in the process of passing the knowledge base to the next generation.

The most important constituent of taking up the mantle as an academic radiologist in a medical college is by virtue of the excellent logistical facilities which are made available with the advantageous support system and funds from the government, whom the private practitioner cannot fathom. In the course of an academic radiology career, one can become adorned with the title of a Head of the Department of Radiology and can be taking over as the dean as well, in channelizing and monetizing the curriculum and incorporating the changes needed from time to time. Statistics reveal that all the world leaders and names of forces to reckon with in radiology are teachers of academic radiology. Erudite spectrum also helps delve into respective subspecialties in radiology, as one may, like the one witnessed to being the leader in Chest Radiology, Neuroradiology, Musculoskeletal Radiology etc., a very important area of contribution is by way of fostering professional associations with fellow radiologists from any corner of the globe, collaborating for studies and trials, the results of which pave way for radiologists from the nook and corner of the globe to take a learning point. Clinical work also proves to be highly contributory in this regard.

A parallel area which has been in vogue is that of research, wherein many academic radiologists get involved to understand the nuts and bolts of clinical practice well. Pursuing this helps them answer virtually any question posed to them. One fundamental aspect of teaching is that whatever is taught gets permeated by leaps and bounds, which a private practice radiologist may never be able to reach. Cross specialties also play a major role in collaborating with scientists and engineers for creating new technologies. Quality in radiology gets enhanced only by academic depth. Not only this, the world over, academic

radiologists rule the gamut of peer-reviewed professional journals by contributing as authors of original research papers, which also proves to be a landmark in several cases.^[3]

In the social perspective, the reimbursement part takes a toll which both public and private health care payers are weary of, as the academic premium seems to have taken a dive in recent era.

In changing times, clinical work seems to be overtaking academic interests, as pedantic radiologists also seem to hook on to the curve of monetizing by virtue of quantifiable clinical cases. In the eternal quest of bringing out good-quality radiologists, appropriate focus needs to be given to academics and research which has a large quantum of student involvement.

With the brief overview of the above scenarios, it is for the resident to decide which track would he or she like to walk on, considering all the pros or cons; whichever be the one, maintaining utmost quality can never be compromised, as it is directly proportional to best patient care.

The current issue "Recent advances in musculoskeletal radiology" has Dr. Malini Lawande as the guest editor, with a wide spectrum of issues being addressed. Leading contributors have taken excellent efforts in bringing latest concepts to shore.

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Cite this article as: Jain SN. Pursuing a radiology career: Private practice or academic ?. *Indian J Radiol Imaging* 2014;24:207-8.

Source of Support: Nil, **Conflict of Interest:** None declared.