

Why clinical radiology? Factors influencing trainees' choice of career

Introduction

The RCR has highlighted the urgent need to increase the number of radiologists in training to address the disparity between the current workforce and the demands on services¹. In recent years the ratio of applicants to available posts in clinical radiology training programmes has been nearly 4:1², nevertheless the RCR is keen to ensure that we continue to attract the highest quality doctors to the specialty. In order to inform the RCR's approach to careers and recruitment, a survey was sent to all the current clinical radiology trainees in order to assess their motivations for choosing the specialty and their experience of the recruitment process. Although there was already anecdotal evidence available in some of these areas, the aim was to provide a timely and reliable insight into the motivations and real-life experiences of current trainees within the specialties, with the aim of further informing the RCR's upcoming careers strategy and supporting the steps that are to be taken forward.

Materials and methods

An online survey was sent on the week commencing January 4th 2016 to all 1280 current clinical radiology trainees in UK programmes (including those out of programme for any reason). The survey was administered using Survey Monkey software and remained active for two weeks. It was divided into two sections: Part 1 – Why radiology; and Part 2 – The recruitment process. It contained a total of 8 questions, seven in a multiple-choice format and one inviting a free text response. Survey Monkey provided a quantitative summary of the results and the free text comments were manually analysed to identify the main themes.

Results

Five hundred and sixty three trainees responded to the survey, which corresponds to 44% of those in training at the time.

Part 1: Why Radiology?

In this section, there were three questions dedicated to exploring the reasons for which individuals choose to specialise in radiology and the characteristics of the specialty that are most appealing.

¹ https://www.rcr.ac.uk/sites/default/files/publication/bfcr153_census_20082015.pdf

² <http://specialtytraining.hee.nhs.uk/specialty-recruitment/competition-ratios/2015-competition-ratios/>

The majority (42.3%) of recipients revealed that they first considered a career in radiology during their foundation training years, although almost a third stated that they considered radiology whilst at medical school (27.5%) or during 'other' specialty training (26.9%).

The most influential factor when it came to why trainees had chosen radiology [Figure 1] was the nature of the specialty itself (75.6%) although nearly 70% also stated the prospect of a work-life balance. 40% responded saying that they gained exposure via a taster week/evening and a similar proportion (39.2%) referenced an inspirational individual within the specialty.

The final question in this section asked respondents to state what they thought was the unique attraction of clinical radiology. The key themes that emerged were: the diversity and generality of the specialty; the fact that it is the 'central' hub of the hospital; problem solving; cutting-edge; rapidly expanding; diagnostic; work-life balance; imaging; decision-making; interventional radiology; training and research; and lack of ward time.

Part 2: The recruitment process

A clear trend that appeared from this part of the survey was that the specialty rather than the geographical location of the post was the priority for trainees [Figure 2] when it came to applying for a training post.

Trainees are aware of the different competition ratios for different specialties and the different training programmes for radiology but only a small minority reported that this influenced either their preference of specialty (3.4%) or geographical preference (8.4%).

When it came to choosing a post, most trainees reported that word of mouth was the most useful source of information (53.8%) rather than information available on websites (22.9%) or at dedicated careers events (3.8%). 62% of trainees reported that information available online and specifically on regional websites, is inadequate, stating that in some cases it was 'almost impossible to find out details on the structure of the training scheme' and that the information was 'outdated' and 'very scarce'. 8.4% were actually discouraged from applying to a particular training programme as a result. When asked how this could be improved, as well as keeping the information up-to-date, trainees suggested that each programme should display its own 'unique selling points' detailing information on rotations, special interest groups and research opportunities, for example. Many trainees also requested that there be a centralised site with information on all programmes that would then enable comparison to be made between them. 85% of trainees reported that the results from GMC's National Training Survey did not affect their choice of training programme.

Discussion

Part 1: Why Radiology?

Our results show that trainees are most likely to first consider a career in radiology during foundation training although just under a third make the decision during medical school or decide to switch to radiology from another specialty. This is important for several reasons. Firstly we need to make more effort as a specialty to increase exposure to radiology during undergraduate studies. The RCR has established an Undergraduate Radiology Societies

Association (URSA)³ which will help to develop undergraduate interest in radiology. Furthermore, there is a need to ensure an effective radiology presence at existing careers events aimed at medical students, or possibly to create specialty-specific events similar to other specialties such as obstetrics and gynaecology⁴.

Since over two-thirds of trainees claim to choose radiology because it represents the prospect of a good work-life balance, the RCR should continue to work to develop a sustainable future for radiologists⁵ and to encourage the recruitment and training of as many new radiologists as possible to fill the already existing gaps in the workforce. In addition, the results served to emphasise the impact of taster events and the importance that they take place, as well as the role that those already within the specialty have in promoting it as a career to others. Training programmes should continue or develop sustainable taster programmes to allow foundation trainees to gain exposure to radiology.

It's pleasing that the most highly rated 'unique' characteristics of the specialty, as noted above, were exclusively positive attributes. This challenges the perception that many radiologists choose the specialty because of its reduced ward time and (perceived) minimal patient interaction.

It is important to identify the main motivators for choosing radiology so that the RCR's promotional careers material can be designed to sell the positive aspects of the specialty to encourage medical students and junior doctors to apply for radiology in the future.

Part 2: The recruitment process

It is reassuring that the priority when choosing a specialty is the specialty itself rather than geographical location. One limitation of this study is that many of the respondents may have applied to radiology five years previously and may have developed a bias in favour of the specialty when responding to this question.

The power held by 'word of mouth' in affecting trainees' choice of programme reinforces the influence held by current specialty ambassadors and the duty that they have to 'sell' their profession to others, along with their individual training programmes, particularly in those areas that have had difficulty recruiting. It is therefore vital that existing trainees and consultants make an effort to attend medical student and foundation doctor careers events to advertise the specialty as well as making themselves available and approachable to answer questions from potential applications.

We can infer that the aforementioned reliance on word of mouth may well be a by-product of the inadequate information available online about training programmes and regions. This is therefore an area that requires dedicated focus from individual training programmes, to ensure that candidates are well-informed and enabled to make a balanced decision knowing the merits of each, whilst not being actively deterred from applying to any one region or programme. The RCR will continue to facilitate the sharing of best practice amongst training programmes.

³ <https://www.rcr.ac.uk/ursa>

⁴ <https://www.rcog.org.uk/en/departmental-catalog/Departments/other-events/1507---medical-students-day-2016/>

⁵ <https://www.rcr.ac.uk/clinical-radiology/service-delivery/sustainable-future-diagnostic-radiology>

Conclusion

This survey provides a timely insight into the when and why aspects of trainees choosing to specialise in clinical radiology, and how they perceive the recruitment process. It reinforces and expands upon some of the qualitative feedback that had already emerged in this domain, whilst also clarifying areas of uncertainty to allow for focus to be placed elsewhere. The results are being used to inform the RCR's work in promoting careers and maintaining high application rates in clinical radiology.

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