

# Radiologist Workforce Changes: Going Remote or Hybrid

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The COVID-19 pandemic, advances in workflow technologies, and the mainstreaming of remote work have introduced a new model for the practice of radiology, as well as a new standard for work–life balance. What was once limited by internet speed, PACS integration, and regulatory issues is now a hybrid or remote radiology practice norm. Teleradiology has long been identified as a way to provide value to practices by reducing turnaround time and helping provide better geographic and after-hours coverage [1]. However, overall perceptions, acceptance, and downstream effects of remote work, particularly after its acceleration during the pandemic, remain to be seen.

The current study by Dibble et al in this issue of *JACR* [2] sought to explore and better understand shifts in radiology practices and employment trends, which fortuitously explored perspectives at the height of the pandemic in October 2021. The ACR Commission on Human Resources has conducted an annual workforce survey every year with the exception of 2020 to better understand shifts in radiology practice types, specific subspecialty needs, employment trends, and retirement trends. The study authors used a survey questionnaire with mostly closed-ended questions. Of note, the study

was particularly limited by a low response rate of 3.8% and selection bias during a time of COVID-19–related workforce shortages. On the whole, the study authors found that radiology practices grew during the pandemic, with 62% of practices hiring radiologists in 2021 and 2022. Most notably, 82% of practices allowed remote work of some kind, with 36% of radiologists reporting that they work remotely and nearly half of radiologists wanting to work remotely in the future.

Despite the limitations of the study, we are also anecdotally seeing a substantial rise in remote and hybrid work models for radiologists as we emerge from COVID-19. Remote work enables time savings to promote work–life balance by avoiding lengthy commutes and allows physical displacement from distracting reading rooms [3]. It may also enable the steady upward trend of part-time radiologists, particularly women, to increase the general workforce, which was observed in the 2018 workforce survey [4]. It seems that more and more practices are offering remote partnership-track positions, allowing radiologists to remain in their present locations but potentially improve their salaries and quality of life. However, we must proceed with caution when interpreting these survey results and anecdotal trends, recognizing that fears of the pandemic may have

affected survey responses and that current sentiments about remote radiology workflows may not be maintained over time.

Specifically, shifting more image interpretation and communication remotely will have significant consequences to our interactions with referring physicians and radiology trainees. Radiologists will be further physically removed from direct patient care, and our value proposition to referring physicians may be negatively impacted. Resident education would be different, and new standards for remote readouts and radiology teaching would need to be developed and evaluated. In a study by Heldt et al performed around the same time as this ACR workforce survey, the authors found that both trainees and faculty prefer in-person learning to remote learning; however, only a minority of trainees and faculty felt that a complete return to in-person learning would be the most effective option [5]. Additionally, a subsequent study by Bass et al reported that 51% of trainees thought that remote work had a negative or very negative effect on education, even though 88% of the faculty with remote workstations reported lower daily stress levels [6]. Paradoxically, 77% of trainees and 63% of faculty voted for remote work to continue or expand, even as we emerge from the COVID-19 pandemic. Although remote work seems to be an attractive option, there

is less interaction and lightbox teaching, and it remains unknown what the long-term effects will be on resident training.

In summary, although these survey results may be an anomaly because of the circumstances, they may also serve as a harbinger of things to come. Post-pandemic, we may be entering a new standard for our work environment and a shift in desire for greater work–life balance with more time away from our traditional reading rooms. It will be critical moving forward to follow trends toward more remote and hybrid radi-

ology models with follow-up workforce surveys, and any unforeseen negative consequences with the loss of in-person interactions will have to be mitigated.

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