EDITORIAL

The Top Concerns of Radiation Oncology Trainees in 2019: A Response from SCAROP

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Received Sep 10, 2019, and in revised form Oct 7, 2019. Accepted for publication Oct 14, 2019.

Radiation Oncology (RO) is a dynamic and rapidly changing field, as noted by the Association of Residents in Radiation Oncology Executive Committee (ARRO) in their editorial, which is what makes RO and medicine so appealing as a profession. Changes in technology, applied software, multidisciplinary clinical management, and a hierarchy of outcome evidence render RO an exciting discipline. The ARRO article, however, presents a very different perspective, one that portrays a specialty at risk, and they are asking for considerations that they believe will benefit the future of RO. It is important that the RO community understand and address these issues.

The ARRO “concerns” need to be placed in the context of the rapidly changing practice of medicine. The shrinkage of private practice and the institutionalization of physician practices either by health systems or large corporate entities affect all practicing physicians. Concordantly, the number 1 topic discussed in physician leadership circles is physician burnout. Within RO, we are concerned that the focus on technology and the continued need to address a patient-first approach in what is becoming multidisciplinary care for all patients with cancer mandate that RO be an integral component of this decision process.

The immediate horizon that our residents see is different. Their concerns come from the acute changes to the field, including the rapid expansion of residency programs, the American Board of Radiology examination pass rates, and opportunities for employment. RO has been built on the foundation of a pedigree of fabulous and talented individuals, and we need to ensure that this foundation continues to support the future generation of radiation oncologists.

We are constantly reminded of the deep commitment of today’s RO residents. There is a sentiment shared by many of us that, given the accomplishment of today’s residents, we would never have been admitted into an RO training program—in addition to the dedication, the competition, the cost of medical school, and the deferral of major life initiatives. These are all so radically different from 35 years ago. Although ARRO’s concerns are real, we need to respect that meaningful change will take time, and we hope that the lack of immediacy to “do something” is not incorrectly perceived as inaction or neglect on the part of the specialty. It is important to frame this relative to today’s world of social media, where commentary can instantaneously go viral and where RO as a specialty can be the unintended victim.

Let’s start with the 2018 Board Exam. We are deeply sympathetic to those affected by that Board Exam, but we need to take the results in the context of many years of stable pass rates of 80% to 95%. As a result of last year’s performance, the American Board of Radiology has taken this seriously and is examining its examination evaluation processes. Nevertheless, the messaging about this “one-off” failed to assuage concerns and resulted in a social media event that became magnified by residents and medical students alike. We agree that senior residents cannot have the pressures of the examination hovering at the end of

Acknowledgments—The authors thank Emily Wilson for editorial assistance.
training, but that improved educational guidelines and an examination that is based on those guidelines will help resolve the failure rate of 2018. To this end, the focus of the examination needs to be regularly and thoroughly assessed and transparent to all. Early reports suggest that the 2019 examination results have rebounded, indicating that the directed resources have indeed been helpful.

Next, on to the residency spots. We acknowledge the growth in programs and training positions in the context of the expansion of new medical schools and the pressures on chairs by their respective deans to enhance postgraduate training programs. Perhaps we have grown too fast in too short a time. Nonetheless, it is important to recognize that the Accreditation Council for Graduate Medical Education (ACGME) does not regulate training programs in accordance with the job market, but rather with the successful competencies of the graduates. That said, we appreciate the efforts of the ACGME to consider changing program requirements for RO, such as the number of faculty and others, to enhance the education and training of the residents. At the same time, we need to monitor the trend of available positions exceeding residency applicants and provide feedback to the ACGME should this continue as a risk to attracting qualified candidates. The Society of Chairs of Academic Radiation Oncology Programs stands ready to act in this capacity.

Lastly, the job market. This is the highest ranked issue causing the greatest level of anxiety from our RO residents, and this is completely understandable. Many articles over the last several years have fueled and perhaps contributed to this anxiety. Yet, the Hussey review from 1996 with a “sky is falling” prediction never came true. At that time, their excuse for an oversupply of radiation oncologists was the “rapid expansion in medical school enrollment” with the associated downstream filling of previously unfilled RO resident positions. Yet, the field continued to flourish in the late 1990s and 2000s.

The concern of the current residents and the job market is understandable, yet opportunities for obtaining jobs appear positive based on the ARRO data that identified that 72% of graduating residents were offered satisfactory positions and 88% of chief residents obtained their “first choice job type.” Additionally, the number of job postings on the American Society of Radiation Oncology career site, as reported by ARRO, supports the current cohort of graduating trainees. As we move forward, we need to continuously assess the quality and quantity of the job market and be prepared to offer opinions on how best to address this issue.

For any graduating resident, there remains anxiety until the moment an offer has been made or a contract has been signed. Certainly, based on our own resident placements, job offers and contract signings are occurring later in postgraduate year 5, contributing to mounting unease and concern during the final year of training. The type of job opportunities is also changing, with more hospital-based or academic offerings and fewer contracted hospital-based or freestanding private practice positions. These market changes reflect the broader evolution of medicine with consolidation of the macrohospital and physician practice market. Unquestionably, the speed of this change has likely affected the expectations of some of our residents. Nevertheless, salaries in RO remain highly competitive and tend to rank among the top specialties. Although there is the potential for further changes, that risk applies broadly to all of medicine.

As chairs and program directors, we can and should assist our residents with job placement in several ways. First, we need to acknowledge this is an anxious time for our residents. Although we need to train excellent clinicians and academicians, we need to be engaged with them every step of the way to help establish expectations for them to achieve their desired success. Mentorship programs can help, wherein faculty members advise each resident on how best to match their interests/passion with future career prospects and practice locations. Lastly, chairs and program directors need to take ownership and participate actively with our residents during the job hunting process by meeting and counseling during this period.

Given the aging demographics, the increasing incidence of cancer, and the anticipated retirement of the current generation of radiation oncologists, we would predict a continuing demand for radiation oncologists on the continent, despite the increase in hypofractionation. The concept of productivity will change with more multidisciplinary decision support, utilization of brachytherapy, theranostics, integrated immunotherapy, and more complex care for patients with metastasis. In a specialty with just over 4000 practicing physicians in the United States, however, it needs to be recognized that in any given year, the market for jobs in certain cities will fluctuate. Year over year, opportunities evolve and job openings become available. Nevertheless, we need to actively manage the balance of job opportunities against the number of trainees to ensure that RO continues to attract the best future radiation oncologists. Society of Chairs of Academic Radiation Oncology Programs is prepared to participate along with the American Society of Radiation Oncology Board and others to ensure this happens.

It is essential that we all keep our eyes focused on the horizon of what it means to practice RO such that our profession remains vibrant, relevant, and stocked with the best trained physicians. One could say this is a turbulent time with multiple threats, some external and some from within. It is very much our responsibility, as chairs of programs training the next generation of radiation oncologists, to be part of the solution. As the profession evolves, local leadership is very important, and as chairs, we must establish trust with our residents to allay their concerns and serve as their advocates and mentors in helping them achieve the goals they have defined for themselves. As the specialty changes, and it will, we need the engagement of our future leaders to guide us in a meaningful
direction. Making today’s challenges into future opportunities is what is so dynamic and exciting about what we do as a specialty, every day.

References


