Academic Radiologists' On-Call and Late-Evening Duties

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On-call and late-evening duties have increased dramatically for radiologists, be they in private practice, at academic medical centers, or at state or federal government health care facilities. Most busy medical centers in North America require around-the-clock radiology interpretations for emergent or urgent patients, particularly if they are level 1 trauma centers. Coverage by attending radiologists around the clock is expensive and difficult to implement. In this study, an e-mail questionnaire was sent to 83 members of the Society of Chairmen of Academic Radiology Departments concerning general radiologists' on-call and after-hours duties. Detailed replies were received from 29 academic medical centers, all of which were university owned or affiliated. There was complex variation on how academic radiology departments approached their after-hours commitments, but only 10% of academic institutions (3 of 29) answering the survey had 24-hour in-house coverage by general radiologists. Coverage by attending radiologists around the clock at academic medical centers is not the current standard of practice at most academic medical centers.

Key Words: Night call, academic medical centers, academic radiology departments

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INTRODUCTION

On-call and late-evening duties have increased dramatically for radiologists, be they in private practice, at academic medical centers, or at state or federal government health care facilities. Most busy medical centers in North America require around-the-clock radiology interpretations for emergent or urgent patients, particularly if they are level 1 trauma centers. Coverage by attending radiologists around the clock is expensive and difficult to implement. It has led to a large growth in after-hours teleradiologic services, and it has increased the on-call pressures for radiology house officers.

To assess the on-call, after-hours, and weekend coverage provided by general radiologists at academic medical centers, we conducted a survey of academic radiology departments in the United States. We examined the after-hours attending radiologist requirements for general radiology faculty members. We did not assess coverage for neuroradiologic, vascular, or interventional procedures.

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MATERIALS AND METHODS

An e-mail questionnaire was sent to all members of the Society of Chairmen of Academic Radiology Departments concerning general radiologists' on-call and after-hours duties. The e-mail list was obtained from the society by one of the authors (TO).

We asked the following questions:

1. Is there 24-hour in-house attending radiologist coverage?
2. Is there attending teleradiologist coverage from home?
3. What are the duties of fellows and residents?
4. Is the after-hours coverage divided by subspecialty?
5. Do the part-time (less than 50% time) radiologists participate in the after-hours duties?
6. Is there a cutoff age for call?

For these questions, we asked the respondents also to give us the numbers of their faculties and the percentages of their faculties providing the indicated coverage. After the first response, 2 more e-mail requests were sent to those members who had not responded to the first request for information.

RESULTS

We sent requests to the chairs of 83 academic radiology departments in the United States and Canada and re-

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Table 1. Institutions replying to an e-mail survey concerning academic radiologists' on-call and late-evening duties

- University of South Carolina
- University of Cincinnati
- Emory University
- University of Alabama at Birmingham
- Stanford University
- Oklahoma University Health Sciences Center
- The University of Iowa
- Henry Ford Hospital
- University of South Alabama
- New York-Presbyterian
- Cornell University
- University of Michigan
- Loyola University Medical Center
- Yale University
- UMass Memorial Health Care
- Evanston Northwestern Healthcare
- William Beaumont Hospital
- Medical University of South Carolina
- McMaster University Medical Centre Hamilton
- University of Virginia
- Brigham and Women's Hospital
- Penn State Milton S. Hershey Medical Center
- Massachusetts General Hospital
- Northwestern University Memorial Hospital
- University of Chicago
- Hospital of the University of Pennsylvania
- Albert Einstein Medical Center
- Louisiana State University Health Sciences Center-Shreveport
- Weill Medical College of Cornell University
- The University of Arizona

ceived detailed replies from 29 (24%), 28 from the United States and 1 from Canada. All replies were from university-owned or university-affiliated radiology departments, which are listed in Table 1.

The general radiology faculty on-call pool varied greatly at these institutions, ranging from 2 to 100 full-time faculty members and from 0 to 32 part-time faculty members. At 21 academic departments, part-time faculty members took call according to the fractions of full-time positions they occupied. At only 1 responding institution was there an age cutoff (62 years) for call.

Three institutions (10%) had 24-hour in-house coverage by a general radiologist. These institutions had 42, 58, and 112 radiologists on their faculties, excluding vascular interventional radiology and neuroradiology faculty members. At 20 institutions, the radiologists assigned for each day's evening duty started their working days between 7 AM and 8 AM. Most workdays ended between 5 PM and 6 PM, with the in-house evening commitment typically going from the end of the regular workday until 9 PM or 10 PM. One institution had a 7 PM to 2 AM shift, and another institution had a shift that went to 11 PM. Most faculty members working evening shifts had to work the next day.

The number of residents in the academic programs responding to our survey ranged from 5 to 56. At 22 of the institutions, the on-call and after-hours duties were divided into subspecialties, whereas at 7 institutions they were not. At large institutions, there were multiple on-call subspecialty divisions. At medium-sized institutions, the on-call and after-hours duties were usually divided as follows: general radiology, neuroradiology, interventional radiology, and nuclear medicine.

Because of the wide range in the sizes of the departments responding to our survey, the number of on-call days and the number of late-evening-duty days varied greatly. The number of on-call days ranged from 2 to 100 days per year, with an average of 19.61 days per year. Late-evening duty ranged from never to 100 days per year, with an average of 18.25 days per year.

The responsibility for computed tomographic and ultrasound-guided procedures after hours varied greatly. The interventional radiology service was responsible for these procedures at 5 institutions, whereas cross-sectional faculty members were responsible for these procedures at 17 institutions. At the remaining institutions, some combination of cross-sectional radiologists, other attending radiologists, teleradiologists, and "nighthawk" radiologists performed these procedures.

At 21 institutions, call was divided equally among the faculty members, regardless of academic rank. At 9 institutions, fellows took call as attending radiologists. Sixteen academic radiology departments allowed in-house moonlighting, and 19 of the 29 responding institutions provided extra compensation for call, such as increased time off or additional salary.

Twenty-three of the 29 responding institutions provided teleradiology faculty coverage from home. The number of call nights per year provided by the teleradiology on-call faculty members ranged from 1 to 10 nights per year to greater than 40 nights per year. The number of teleradiology cases read by attending radiologists from home varied from 1 to 5 cases per night up to 16 to 20 cases per night.

At 17 of the 29 institutions, attending radiologists directly dictated on-call cases separate from residents or fellows. We were unable to accurately determine the average number of cases dictated by on-call faculty members, because only a few institutions sent us any data concerning the number of cases read. These anecdotal numbers varied greatly and were on the order of 15 cross-sectional studies and 50 radiographic studies per day.

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