



## SCCT President's Page

## A problem of scarcity



In the most recent SCCT President's Page, I outlined some of the challenges facing our cardiac CT community. Specifically, we discussed how limited availability of adequate technology and appropriately trained personnel have negatively affected patient access to cardiovascular CT. In this month's column, I'd like to expand on that discussion. In particular, I would like to address our current staffing shortage and some actions we can take to alleviate it.

If your practice is anything like mine, you and your colleagues likely feel a bit overwhelmed. Exam volumes continue to increase and capacity seems largely unchanged. Perhaps you have an open position – or several – that you're trying to hire. When I talk to members of our community across the country and around the world, the refrain seems the same. The amount of work is increasing and it's a struggle to find folks to help meet the demand.

The statistics support what we are all feeling. As of this morning, the ACC job board lists 1159 open cardiology positions. By way of reference, there are approximately 1041 cardiology fellowship positions in this country each year. The situation in radiology is similar. [ACR.org](http://www.acr.org) currently lists 1368 job openings for radiologists. For comparison, there are 1113 radiology residency positions per year. Clearly, our training programs are not keeping up with the demand for imagers.

The projected shortage of adequately trained cardiac imagers is in line with the phenomenon that has been termed “The Great Resignation.” Although economists – and other interested observers – continue to debate the validity of that term, there seems to be no debate regarding the devastating effect a shrinking workforce would have on our ability to provide adequate healthcare services to a growing population.

Obviously, the cardiac CT community cannot control the worldwide labor market. Nor can we alleviate the stressors that are causing healthcare workers across the globe to become worn out – or worse. Still, I believe there are measures we can take to restore our community. Further, I believe we can learn lessons from the pandemic that will allow us to continue the expansion in cardiovascular CT that has marked the past decade and a half.

First of all, we need to understand the factors that motivate an individual to become engaged in a particular community. A recent study by McKinsey & Company suggests many employers do not listen to their employees enough to adequately understand these motivations. Professionals want opportunities for advancement. They want recognition and they seek opportunities for development. Cardiac CT practitioners are no exception.

We can engage trainees and young staff in our community by providing clear opportunities for growth. Programs like the SCCT Future Leaders Program (FLP) provide a model for this type of engagement. The

FLP is designed to allow junior faculty from a wide range of backgrounds to gain leadership experience by working with an established mentor in areas such as clinical research, education, and advocacy. Expanding such programs will increase our reach. As we build this pipeline, the next generation of cardiac CT leaders will emerge. The results will multiply.

Additionally, I believe we need to lower barriers to joining our community. Specifically, we need to increase our efforts to educate cardiac CT practitioners at all levels of training. We need to expand existing educational programs for radiology residents and cardiology fellows as well as physicians who are already out in practice. The goal should be to ensure that any physician who wants to perform cardiac CT has the means to do so.

I'm not suggesting we lower our educational standards. Far from it. Instead, we need to work within existing, well-established guidelines to create flexible opportunities for practitioners to meet the training requirements. Documents like the 2015 COCATS 4 Task Force 7 statement regarding training in cardiovascular CT and the 2020 SCCT guideline for cardiology and radiology trainees provide a blueprint for training programs to focus on essential core competencies. Similar instructions are needed for physicians already in practice.<sup>1</sup>

In short, we need to provide compelling reasons for trainees to choose cardiovascular CT as a profession and to engage in our community throughout their career. We need to lower barriers to entry and create clear paths for advancement. We need to build a culture that encourages participation of all practitioners, regardless of background.

Easy to say. Harder to accomplish. I'm looking forward to the challenge.

Best regards,

-Eric Williamson, MD, FSCCT

## Reference

1. Choi AD, Thomas DM, Lee J, Abbata S, Cury RC, Leipsic JA, Maroules C, Nagpal P, Steigner ML, Wang DD, Williams MC, Zeb I, Villines TC, Blankstein R. 2020 SCCT Guideline for Training Cardiology and Radiology Trainees as Independent Practitioners (Level II) and Advanced Practitioners (Level III) in Cardiovascular Computed Tomography: A Statement from the Society of Cardiovascular Computed Tomography. *JACC Cardiovasc Imaging*. 2020;14(1):272–287. <https://doi.org/10.1016/j.jcmg.2020.09.004>. Epub 2020 Nov 6. PMID: 33168479.

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