Radiologist Segmentation Report: 
*Practice Type & Career Stage*

2023 / 2024
ORGANIZATIONAL OVERVIEW

The Radiological Society of North America (RSNA) is a non-profit organization that represents professionals spanning the full breadth of radiologic subspecialties in more than 150 countries around the world.

We provide high-quality educational resources, including continuing education credits toward physicians’ certification maintenance, host the world’s largest radiology conference and publish five top peer-reviewed journals: *Radiology, RadioGraphics, Radiology: Artificial Intelligence, Radiology: Cardiothoracic Imaging* and *Radiology: Imaging Cancer*.

We are dedicated to building the future of our profession, whether that’s through our Research & Education Foundation, which has funded $70 million in grants since its inception, our solutions to support standards development or our educational outreach to low-resource nations.
In a broad range of interviews, focus groups and surveys with radiologists from around the world, RSNA has captured important information about their preferences, opinions and perspectives that are useful to those serving the radiology industry.
CONTENTS

Considerations for Radiologist User Segmentation

Key Findings & Recommendations

Early Career Private Practice Radiologists

Mid to Late Career Private Practice Radiologists

Early Career Academic Radiologists

Mid to Late Career Academic Radiologists
CONSIDERATIONS FOR RADIOLOGIST USER SEGMENTATION
BUSINESS MANAGERS EVALUATING THE RADIOLOGY LANDSCAPE HAVE A CHALLENGING ROLE.

End-user segmentation must be relevant, quantifiable and actionable to be useful in strategic planning...

...but radiologists are complex end-users to understand, due to their variability.
THE VALUE OF “RE-SEGMENTATION” IN RADIOLOGY

Value propositions that may better align with the needs of radiologists

Innovative thinking and new product ideation

Messaging that is appropriate for a wider range of situations and audiences

Triaging of customers and sales leads

As a Product Lifecycle Management (PLCM) tool, unearths findings to revive underperforming products

While traditional segments such as imaging modality and subspecialties are still valid, re-segmenting a business with other categorizations can reveal novel findings.
STRATEGIES BASED ON INCOMPLETE SEGMENTATION HAVE A HIGHER DEGREE OF RISK.

Value propositions and key messages are off-target and/or become out of date due to changing market factors.

Findings that are only evident at the sub-segment level are missed.

Products may not resonate as strongly with broader populations of radiologists.

Potential negative impact on clinical, operational and financial success
ADDING SEGMENTS CREATES A NEW VANTAGE POINT.

Traditional interpretation of findings

Expanded and novel findings, through the segment addition
KEY FINDINGS & RECOMMENDATIONS
PRACTICE TYPE AND CAREER STAGE CAN BE COMBINED TO CREATE FOUR DISTINCT SEGMENTS.

- **Private Practice, Early Career**
  - Up to 5 years of post-residency experience
  - Employed by an academic institution with a teaching hospital

- **Private Practice, Mid to Late Career**
  - Over 5 years of post-residency experience
  - Employed by, or a co-owner of, a clinically-focused business operating as part of a broader medical institution

- **Academic, Early Career**
  - Up to 5 years of post-residency experience
  - Employed by an academic institution with a teaching hospital

- **Academic, Mid to Late Career**
  - Over 5 years of post-residency experience
  - Employed by an academic institution with a teaching hospital
SEGMENT COMPARISON

CLINICAL WORK

Private Practice, Mid to Late Career
- High case quotas
- Reads outside subspecialty most of time
- Almost all time spent reading cases
- Heavy caseloads
- Expert-level clinician
- Case consultations

Academic, Mid to Late Career
- Almost all time spent reading cases
- Heavy caseloads
- Expert-level clinician
- Case consultations

Academic, Early Career
- Heavy caseloads
- Expert-level clinician
- Case consultations

BUSINESS MANAGEMENT

Private Practice, Mid to Late Career
- Finance leadership
- Administrative leadership
- Department leadership
- Institutional decisions

Private Practice, Early Career
- Limited departmental planning
- Emerging business acumen

Academic, Early Career
- Limited departmental planning
- Emerging business acumen

Academic, Mid to Late Career
- Advanced business acumen
- Financial leadership
- Administrative leadership
- Department leadership
SEGMENT COMPARISON

TEACHING & MENTORING

Private Practice, Mid to Late Career
- Teaches trainees
- Developing teaching skills
- Community engagement & advocacy
- Departmental awareness of new technology

Academic, Mid to Late Career
- Highly developed teaching skills
- Residency program influence
- Educates residents
- Curate educational resources

Private Practice, Early Career
- Curate educational resources
- Departmental awareness of new technology

Academic, Early Career
- Developing teaching skills
- Departmental awareness of new technology

RESEARCH & PUBLICATION

Private Practice, Mid to Late Career
- Called to report on economic and advocacy-related issues
- Clinical & Scientific research
- Expert-level research, publication, and presentation skills
- Scientific publication & presentation
- Preparation of supporting materials
- Research oversight and/or lead

Academic, Mid to Late Career
- Clinical trial participation & co-authorship
- Departmental awareness of new technology
- Clinical trial participation & co-authorship
- Maturing research, publication, and presentation skills
- Scientific publication & presentation

Academic, Early Career
- Departmental awareness of new technology
- Called to report on economic and advocacy-related issues
- Scientific publication & presentation
- Preparation of supporting materials
- Research oversight and/or lead
SEGMENT COMPARISON

INFORMATION CONSUMPTION

Private Practice, Mid to Late Career
- Conference attendance as time allows
- 15 to 20 minute sessions
- Audio content
- On mobile phone
- Images & graphics
- On large workstation monitors
- Regular conference attendance

Academic, Mid to Late Career
- Conference attendance on rotation with peers
- 5 to 15 minute sessions
- Short summaries
- On laptop or tablet
- Peer-reviewed quality
- Links to sources

Private Practice, Early Career
- Conference attendance unlikely due to lack of time
- 5 to 15 minute sessions
- Audio content
- On mobile phone
- Images & graphics
- On large workstation monitors

Academic, Early Career
- Conference attendance as budget allows
- Regular conference attendance as time allows
RECOMMENDATIONS FOR INDUSTRY BUSINESS MANAGERS

Develop solutions that address the top concern for all segments: their lack of time.

- Every segment feels under pressure for time but for different reasons. One solution is unlikely to solve this problem for all segments, so there is much room for innovation regarding this pain point.
- Calculate for them exactly how much time and money you can save them through evidence-based studies.

Link key messages within your content to sources radiologists trust to strengthen the validity of your information.

- Consider links within your website, social media, whitepapers, marketing and sales collateral.
- Beware of links to sources that are not peer-reviewed. Radiologists discredit sources they do not deem to be high-quality, thus jeopardizing your own validity.

Customize your messages for meeting exhibitions and sponsorship advertising based on the practice types/career levels most likely to see them.

- RSNA, national, regional and subspecialty meetings all have value but have variations in the segments most likely to attend.
- Sponsoring educational webinars and podcasts effectively reach broad audiences. Most webinars have clearly defined target audiences for both practice type and level of experience that make it easy to create a compelling value statements.
RECOMMENDATIONS FOR INDUSTRY BUSINESS MANAGERS

Consider creating content for the same information in multiple versions, to appeal to each segment.

- Preferences differ between segments regarding the platform, format and duration of content.
- Developing shorter versions of content with more visuals that can be converted into audio increases the likelihood of consumption within each segment.

Avoid creating silos by subspecialty.

- The majority of radiologists are frequently reading outside of their subspecialty, if they have one. Although organizing content by subspeciality is an easy way to categorize information, it is important not to use language that only an expert in that subspecialty would understand.
- Resist the tendency to solely focus on radiologists with a declared subspecialty that is aligned with your product, as there is most likely a much wider pool of radiologists who are also viable consumers.

Direct mail is making a comeback.

- Radiologists across all practice types and career levels are heavily bound to the reading room. With the reduction of direct mail in general, they are now more likely to see information sent to them in print.
- For radiologists in private practice, this may be the most likely way they will see your information.
**EARLY CAREER PRIVATE PRACTICE RADIOLOGISTS**

### TASKS
- Assigned a quota of cases to read per day, week, or month. Most read between 50 to 200 cases per day.
- Up to 80% of their day is spent reading cases.
- The average time spent per case is 3 to 5 minutes.
- This segment is under the most pressure regarding turnaround times.
- Frequently expected to work outside of subspecialty (if they have one), particularly when on call. They spend about 50% to 90% of their time working outside of their subspecialty.
- Have some involvement in business practices, community outreach, advocacy, and clinical trial participation.

### SKILLS
- Solid organizational and time management capabilities that enable them to thrive under pressure.
- A growing level of confidence in their diagnostic decision-making, often across a range of subspecialties.
- A thirst for knowledge and the ability for self-motivated learning.
- Ability to take direction from leadership and work with their peers.
- Emerging business acumen.
### EARLY CAREER PRIVATE PRACTICE RADIOLOGISTS

#### CONCERNS

- High work volume.
- Lack of work-life balance.
- Budgetary concerns related to payment/reimbursement.
- Not burdening their peers with cases that they are unable to finish within their allotted time.
- Not getting to spend as much time per case as they would like to.
- Staying current with the latest clinical practices, literature and industry information.
- Making sure the sources they use are trustworthy from a clinical standpoint.

#### INFORMATION CONSUMPTION

- Most trusted journal: RSNA’s *RadioGraphics*.
- Preferred duration: short sessions of 5 to 15 minutes throughout the week. They will generally spend an additional one or more hours on the weekends consuming content.
- Preferred format: audio, on their mobile phone, laptop or tablet. They prefer not to view content on their workstation.
- Conference attendance: often unable to attend, but if so, it is likely to be on a rotational basis with others from the same practice.
MID TO LATE CAREER PRIVATE PRACTICE RADIOLOGISTS
MID TO LATE CAREER PRIVATE PRACTICE RADIOLOGISTS

**TASKS**

- Reading duties with equally high quotas as for early career. Most read between 50 to 200 cases per day, with an average reading time of 3 to 5 minutes per case.
- Mentor and train newer radiologists.
- Assist teammates with difficult reads.
- Leadership-level involvement in the strategic and tactical planning of the business.
- Serve on committees at client hospitals.
- Community engagement and advocacy.
- Clinical trial participation and co-authorship.

**SKILLS**

- Expert-level clinical capabilities with the talent to guide and assist others regardless of case type.
- Advanced-level business acumen
- Reliability in resolving problems and building consensus.
- Leadership skills, including decisiveness and the ability to communicate.
- Adaptability to change.
- Ability to embrace individual differences in culture, experience, and intellect.
MID TO LATE CAREER PRIVATE PRACTICE RADIOLOGISTS

CONCERNS

• Finding time to complete their own workload, while carrying a heavy burden of non-clinical duties.
• Developing and maintaining a high degree of business acumen.
• Optimizing patient care at an organizational level, beyond their personal caseload.
• Interpreting how technology may impact their practice at an enterprise level.
• Managing through mergers and acquisitions impacting their own practice and the hospital clients they serve.
• Budgetary concerns at the enterprise level, including private equity funding.

INFORMATION CONSUMPTION

• Most trusted journal: RSNA’s RadioGraphics.
• Preferred duration: 15 to 20 minute sessions they can consume sporadically throughout the day.
• Preferred format: audio, on their mobile phone (which some use exclusively), desktop, laptop, or tablet.
• Conference attendance: more likely to attend than early career, although still likely to do so on a rotational basis with others in their practice.
EARLY CAREER ACADEMIC RADIOLOGISTS
# EARLY CAREER ACADEMIC RADIOLOGISTS

## Tasks

- Heavy caseloads that may include a quota and may be out of their subspecialty.
- Provide clinical and professional support to radiology residents, fellows and other trainees.
- Participate in research, acting as lead, co-author and/or reviewer.
- Prepare materials for educational conferences, such as presentations, scientific abstracts and more.
- Utilizes fresh schooling to help departmental understanding of new technology capabilities.
- Limited departmental planning.

## Skills

- Solid organizational and time management capabilities that enable them to thrive while multi-tasking between clinical, research and teaching responsibilities.
- A growing level of confidence in their diagnostic decision making, particularly within their subspecialty.
- Developing teaching skills.
- Maturing clinical research and scientific publishing skills.
### EARLY CAREER ACADEMIC RADIOLOGISTS

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<th>CONCERNS</th>
<th>INFORMATION CONSUMPTION</th>
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| • Not enough time to fit in clinical, research and teaching duties. Research is often conducted after hours.  
• High-quality sources are needed for research and publication but finding them is time-consuming.  
• The lack of engaging, case-based information that they can consume quickly.  
• The need to continue to grow clinical, teaching, presentation and research skills.  
• Institutional changes that can be disruptive to or increase the current workload. | • Trusted sources include the journals *Radiology* and *RadioGraphics* and educational courses at the RSNA events.  
• Preferred duration: sessions of 15 minutes or less for general education.  
• Preferred format: concise summaries, images, and graphics they can investigate further if desired. They prefer to view content on their laptops or workstations, due to their larger screen sizes.  
• Conference attendance is important to them as an opportunity for networking, learning, presenting and building their reputation. Local, regional and international meetings are all of interest, but budget and time are both factors for attendance. |
MID TO LATE CAREER ACADEMIC RADIOLOGISTS
MID TO LATE CAREER ACADEMIC RADIOLOGISTS

**TASKS**

- The least likely segment to have a quota, although they still carry heavy caseloads.
- Consult with other radiologists on difficult cases.
- Provide clinical and professional leadership to less experienced radiologists, residents, fellows and other trainees.
- Teaching responsibilities which may include acting as a residency program director.
- Curate educational resources.
- Lead research and scientific publication within their department and/or for their subspecialty.
- Prepare and deliver lectures for resident programs, conferences and other speaking obligations.
- Participate in tumor boards and other multidisciplinary meetings.
- Lead departmental operations.
- Guide institutional decision-making.

**SKILLS**

- Mastery of clinical abilities with the ability to teach and mentor others, acting as a subject matter expert within their subspecialty.
- Academically appropriate written and verbal communication skills.
- Strong ability to multitask.
- Adaptable to change and able to acclimate junior staff to changes that occur.
- Patience while teaching and mentoring.
- Expert-level research skills, including how to find critical information.
- Leadership, including people management skills and the ability to build consensus.
MID TO LATE CAREER ACADEMIC RADIOLOGISTS

CONCERNS

• Many duties in addition to their clinical load, including administration, teaching, research/publishing, representing their subspecialty and presenting at scientific meetings.
• Need for current information from which to teach, written at the appropriate level for trainees.
• A lack of multi-media formatted content, for teaching purposes.
• A lack of non-medical, non-interpretive content.
• Pressure to stay current with clinical research and practice-management techniques.
• Interpreting which emerging technologies are likely to impact clinical practice the soonest, so as to incorporate them into residency programs.
• Sustaining subspecialized expertise.

INFORMATION CONSUMPTION

• Trusted sources including sessions at RSNA events and journals, particularly Radiology and Radiographics.
• Preferred duration: 10 to 20-minute sessions that can be consumed during or immediately after a case. They will consume about 30 minutes of content after hours on the days that allow for it, for a total of about 2 hours per week.
• Preferred format: information summaries with links to related content that can be viewed on their laptop, desktop or tablet. Most do not prefer using their mobile phone for this purpose, due to the smaller screen size.
• Conference attendance is important to them as an opportunity for networking, supporting developing radiologists, presenting and representing their subspecialty. Local, regional and international meetings are all of interest.
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