



[Why RP? A Q&A with Dr. Matthew Kay, Diagnostic Radiologist and Major, U.S. Air Force Medical Corps](#)

Dr. Anand Singh, musculoskeletal radiologist at Radiology Partners (RP) and U.S. Air Force veteran, recently spoke with Dr. Matthew Kay, an active-duty U.S. Air Force radiologist, who began moonlighting with RP in 2023.

Dr. Kay shared how moonlighting with RP provides the flexibility he needs to gain valuable experience, maintain his acute care skills and earn extra income, while fulfilling his military duties and prioritizing his family. Read excerpts from their discussion below, and [watch an extended version here](#).

[View extended conversation](#)

Dr. Singh: Tell us about your journey. Why did the military appeal to you? Why did you decide to pursue radiology?

Dr. Kay: When I was in high school, I took the Armed Services Vocational Aptitude Battery (ASVAB). I always had military service in the back of my mind, but at the time, it wasn't right for me. Eventually, I decided I wanted to become a physician, and after undergrad, I applied for a medical school scholarship through the military, ultimately choosing the Air Force. I was fortunate enough to get the scholarship, because at the time, it was competitive between the different branches.

My journey through medical school changed things dramatically. During the first month of school, my

newborn son had a significant intraventricular hemorrhage requiring an extended hospital stay. That not only changed how I approached medical school but also how I approached family. My family needed to be a priority, and I needed to select a specialty that allowed for that. When I started rotations, my first one was radiology.

Not only are you in the medical corps, but you also have enlisted with extra responsibilities above and beyond your clinical duties. Tell us a little bit about that.

I'm stationed at Luke Air Force Base in Phoenix, Arizona, and our department has a smaller clinic. There are about 12 enlisted staff here, between sonographers, mammography techs, radiology techs, CT and MR. Officers in the radiology department mentor the enlisted staff, providing feedback on the work they do, helping them navigate careers outside of the military with skills they learn in the military, and helping them learn about various pathologies – often *why* we ask for certain additional images or views. We are also in charge of the administrative items from a radiology standpoint, such as computer-based training for healthcare- and military-related topics, as well as ensuring credentialing is up to date. We have different teams for disaster response, and I'm part of a decontamination team. For example, for a big airshow event at the base, if there was a plane accident or a jet fuel spill, we would mobilize to decontaminate. In addition to coming to work every day and practicing radiology, we have a day each week when we assemble as a team to practice setting up the decontamination tent, donning and doffing decontamination suits, clarifying responsibilities for each station we're manning and understanding how the different teams work together to respond to a threat or emergency.

How did you connect with RP?

For radiologists in training, it's common to pursue fellowship training after residency. However, the military projects their needs and allot a certain number of spots for different fellowships, which means you're competing to fill those spots based on your desire to do a fellowship. The caveat is if you do fellowship training in the military, it incurs longer years of service. While I've enjoyed my military service, I didn't want a commitment longer than my service commitment for my medical school scholarship. During my last year of residency, I began looking for a moonlighting job. Knowing I would have military commitments, I was looking for a practice that understood my need for flexibility and that my military service and the stipulations with that come first, as well as an option for remote work. Knowing I was coming to Arizona, I looked at the RP jobs posted for the area and learned one of my co-residents was looking around the same time. We talked to a few different practices, and a lot of practices were asking us to sacrifice two weekends a month, working 40 hours for them and going through the process of getting the license and equipment. To me, that seemed like a big sacrifice, knowing that I'd be spending most of my time as a military service member. I talked to RP, and they understood my situation. They were flexible in negotiating this contract where, as a PRN contractor, I'm able to commit to as much or as little as I'd like. My routine right now is I'm able to get up a little

bit earlier than my family, read for an hour or two, get the kids in bed, read for another hour—kind of piecemeal. I'm also able to help cover the trauma hospitals in the area, where I'm committing to four- to eight-hour shifts when I get off work or on the weekends. I really love the flexibility with RP.

Tell us the difference between your daily clinic load at the base versus what you see with RP.

Clinic is all outpatient. So for example, say the patient is on the flight line working on the jet - they stand up and hit their head, and they're worried about a brain bleed or a skull fracture. Those are not cases we have the capacity to handle, so we send those off base. If there's a concern about pulmonary embolism, we send those off base. At the base, we have case complexity, but we don't have case acuity. RP serves hospitals with level one or level two trauma centers, so reading those cases helps me in my mission readiness to go work where the Air Force currently deploys. I'm able to read those cases, which prepare me for imaging related to ballistic injuries or traumatic Humvee accidents.

You talked about flexibility—the importance of being there for your family but also the flexibility in the event you get deployed overseas. You'd like a practice that understands that. Talk to us about how that fit into your calculation.

It was important knowing a job would be there when I came back. I was on the short list for deployment to go out in April, and having a job with flexibility - in terms of understanding I may be gone for six months at a time and knowing they'd still be able to carry on their workload - is so valuable. If I were in a smaller group practice, they may be a little less understanding. It's important to be part of a good team of radiologists who won't be out to pasture without me.

You could have chosen a lot of different places. What are some unique features RP offers?

These are little things, but I have one coworker here who's with a group that required him to furnish his own equipment. There are some practices that furnish the equipment, but if you break contract early, you owe a lot of money for the equipment. For me, it was great to have RP say, "We will furnish this equipment for you, and when you're finished working, we'll come and pick it up." That was important to me coming out of residency. My family had to move cross-country, and I wanted to keep my start-up costs relatively low. Again, I always emphasize the flexibility. That was the most important thing. I didn't want to have to work this many shifts or this many hours every week.

You've just started your career, but what does the future look like for you five to 10 years from now? Where do you see radiology?

Given the mode of practice I'm doing now, being able to work remotely is appealing to me. People ask all the time, "What are you going to do when your service commitment is up? Do you see yourself staying in Arizona?" There are still a lot of unknowns there, but knowing the situation I have now,

where I'm working with a great practice that I'll be able to go pretty much anywhere with, that is encouraging. I could separate tomorrow or stay in the military and retire in 20 years, and I can still work with the same great group.

For radiology in general, I think AI initiatives will continue to get better. There are some promising studies going on and vendors developing high-quality products for assisted detection, second-read type things. I certainly don't think the demand for imaging is going to lessen. If AI is able to make it easier for us to help detect problems and offer it in a quantifiable way - radiomics - we can also provide value the patients didn't even know they were getting in that study. For example, you're getting a chest CT, and there's an applet in the background that's able to pump out a calcium score on this while we're doing your lung screening - that's a beautiful thing, right? The more of these things we have to help us, we're going to practice safer, and we're going to help more patients. That's where I see radiology going in the future.

You sound positive about the experience, and you must mention this to other radiologists. What do you tell them?

It's funny you mention that. Before I had even opened a study to dictate for RP, I was already telling other co-residents I work with about it. Now there's a cadre of us from my residency program who are all with RP. I tried to get both of my coworkers here on board; one already signed a contract with a different group, but my other coworker was looking for a job with the same kind of flexibility, and he's going through the onboarding process now with a different RP group in the Phoenix area. He's excited to get started, and he's been happy with his experience so far.

You have all these responsibilities. What do you do for fun?

Being in the military and at a base that's mostly a clinic, I work out pretty much every day, which I enjoy. I've got four kids ages 1-9, and that's my whole life; I love my kids. Between three kids actively in soccer, I'm at the soccer fields at least two nights a week. They're all doing swimming lessons, with one kid in swim team. A lot of it is being in the throes of parenthood. I love cooking, so most nights when I get home, I'm able to make a meal, but on the weekends, I'm able to flex and cook different things. I got a set of golf clubs, so I'm able to enjoy some of the amenities on the Air Force bases by doing some golf.

For those who choose not to continue their radiology career with the military after they complete service, the transition to civilian life can be difficult. You've been in the military for a while. How easy do you think that transition will be?

I don't know because this is all I've ever known. By the time I'm done, it'll be almost a decade of my life in the military. That is one of the reasons why I'm happy to be in the position I'm in with RP, because I get to see what that's going to be like on the outside. I remember in residency at

Portsmouth, there was a dive officer who was also a radiologist who would give lectures occasionally. He told us, “When you get into your staff years, I recommend finding different ways of practicing radiology that you see yourself doing, whether that’s remotely, going to a brick-and-mortar shop, going to a hospital or doing more procedures like IR-light type of stuff. Get in a situation where you practice in the way you want to practice when you’re finished with your military career.” I took that to heart, and that’s why I’m doing what I’m doing. I’ve worked in-person. I’m able to work remotely. I’m able to get into some procedures. With RP, I get a little glimmer of what civilian life in radiology looks like, while also balancing my military responsibilities. That said, I don’t know what it’s going to be like to do it full-time.

Is there anything else you want to mention we haven’t touched on today?

I just feel lucky to be in this situation. If this is seen by residents, I want them to know there’s light at the end of the tunnel. It gets better. It doesn’t always get easier, but it does get better. I do feel very lucky to be where I am, from a personal and professional standpoint. I’m in a really good spot.

Dr. Matthew Kay earned his medical degree from Midwestern University Arizona College of Osteopathic Medicine and completed his diagnostic radiology residency at Naval Medical Readiness Training Center in Portsmouth, Virginia.

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