

# The IR gender gap



# The IR gender gap

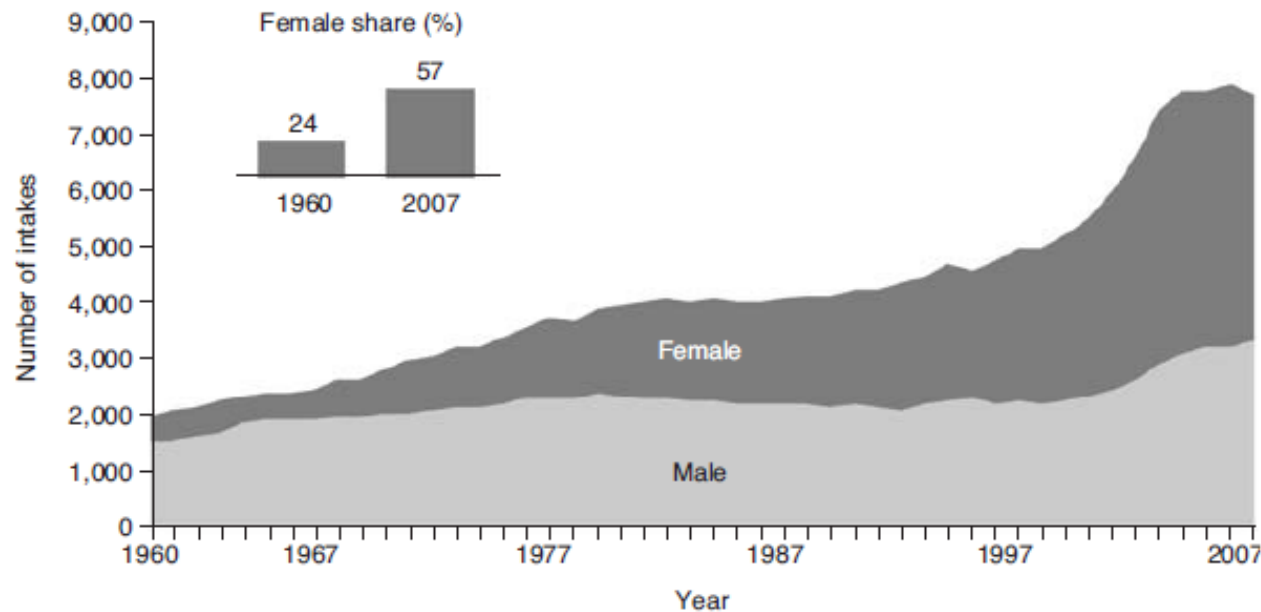
No disclosures



# The IR gender gap

- **57% of UK medical school intake female**

Fig 1. Male and female intake into UK medical schools (1960–2007).  
(Source: main report, p24.)



Since the early 1990s women have comprised a majority of the medical school intake

## Women and medicine THE FUTURE

Summary of findings from  
Royal College of Physicians research

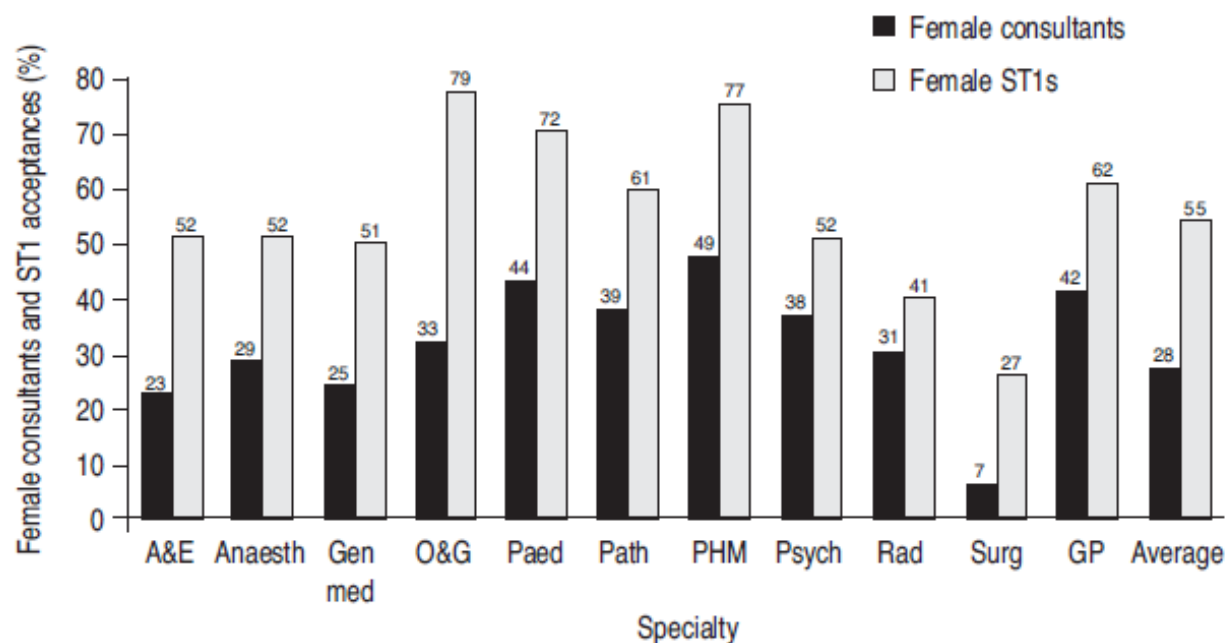
June 2009

# The IR gender gap

## 35% of UK radiologists are female

Fig 2. Females as percentage of NHS consultants and ST1 acceptances (2007).

PHM = Public health medicine. (Source: main report, p68.)



More women are advancing through each specialty

### Women and medicine THE FUTURE

Summary of findings from  
Royal College of Physicians research

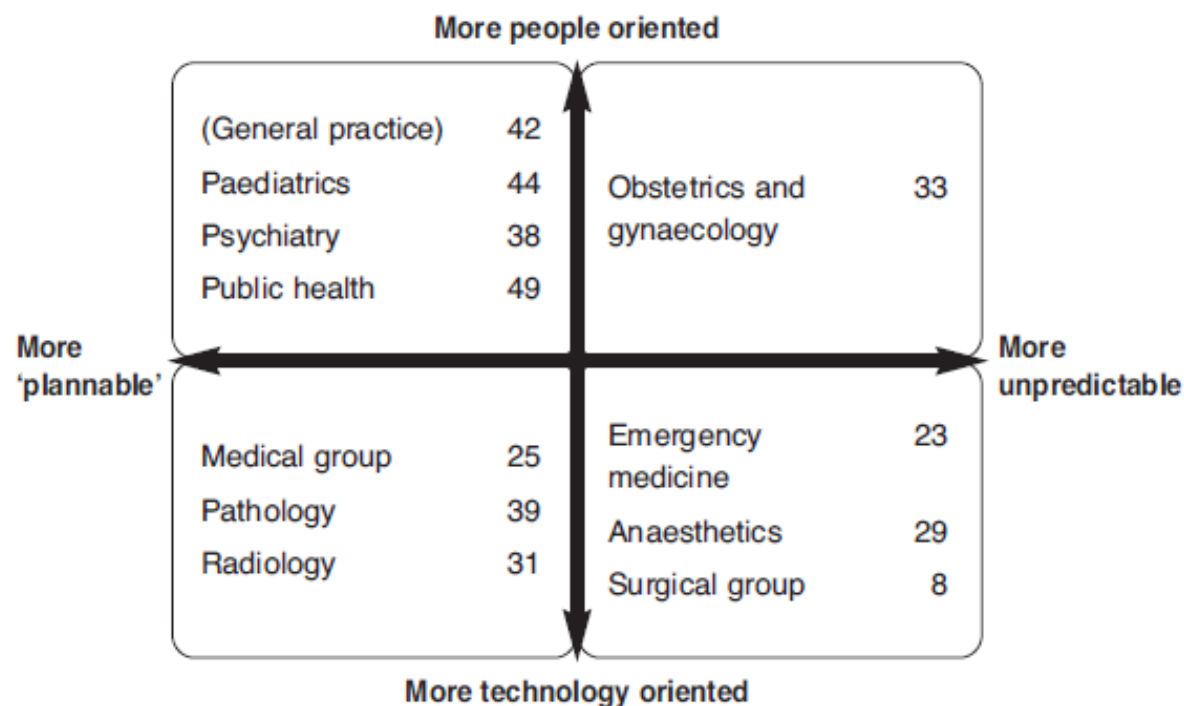
June 2009



Royal College  
of Physicians  
Setting higher medical standards

# The IR gender gap

Fig 4. Female share (%) of all consultants (and GPs) by specialty (2007).  
(Source: main report, p46.)



Women on average prefer more people-oriented, plannable specialties

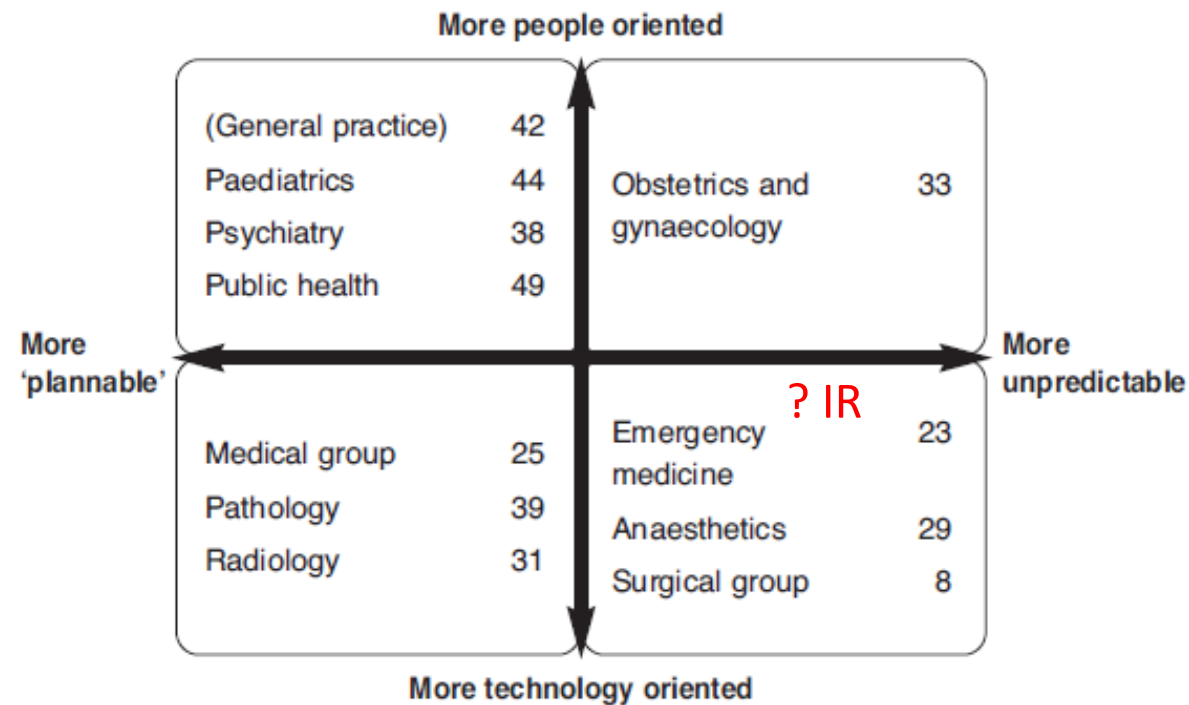
## Women and medicine THE FUTURE

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# The IR gender gap

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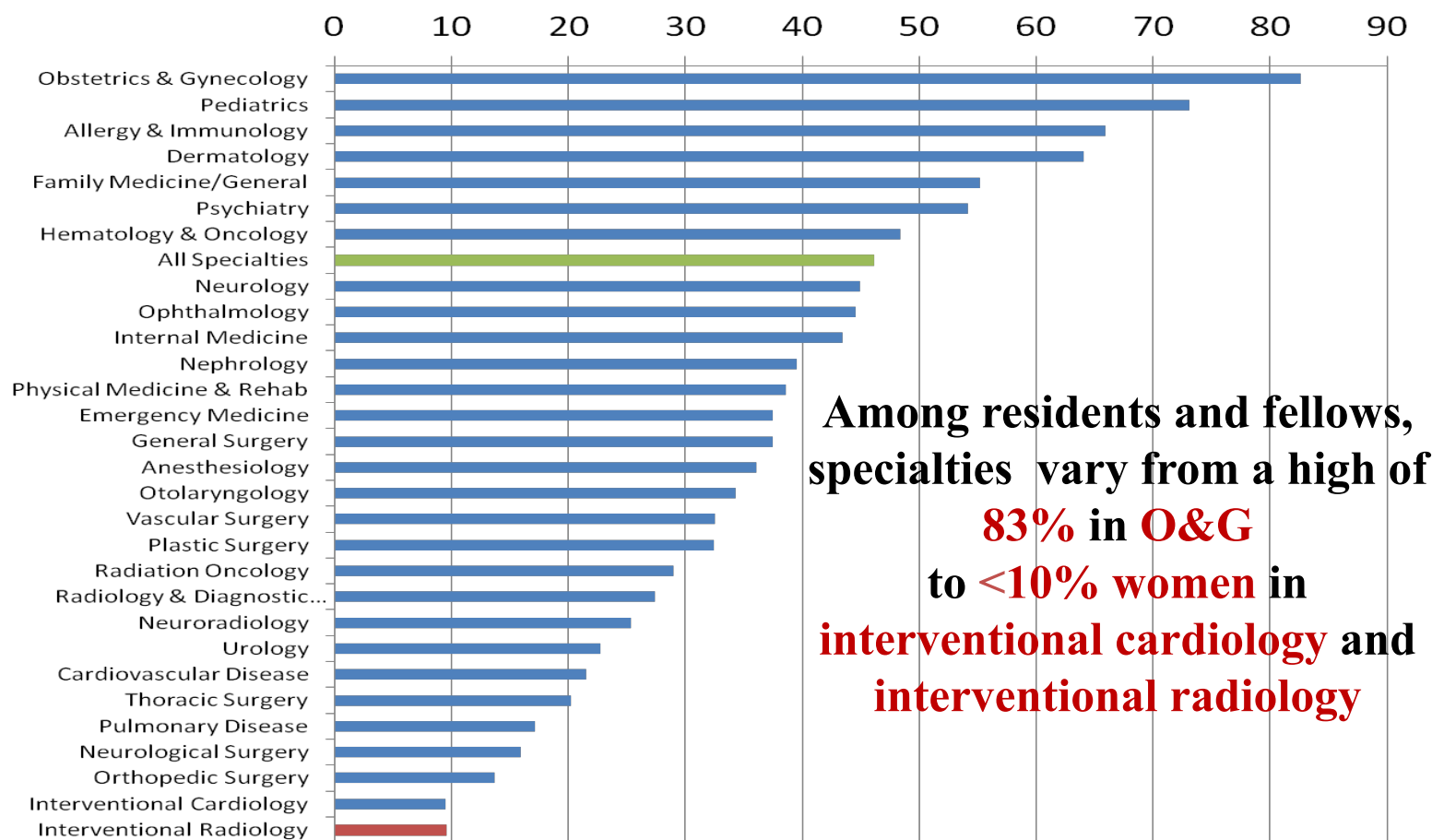
## Women and medicine

### THE FUTURE

Summary of findings from  
Royal College of Physicians research





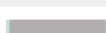
June 2009

# The IR gender gap







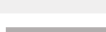
# ESR-CIRSE Joint Survey 2017

What percentage of radiologists (diagnostic AND interventional) at your department are female (incl. trainees)? (n=98)

Value		Percent	Responses
None		4.1%	4
1-25%		6.1%	6
26-50%		48.0%	47
51-75%		37.8%	37
75%-99%		4.1%	4

Total: 98

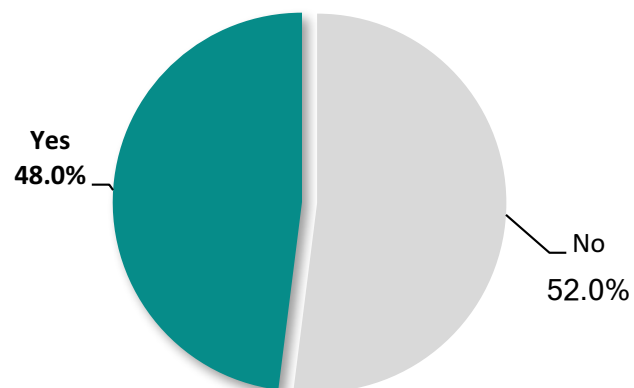
What percentage of radiologists in your department who perform therapeutic interventional procedures are female? (n=90)

Value		Percent	Responses
None		27.8%	25
1-25%		52.2%	47
26-50%		11.1%	10
51-75%		7.8%	7
75%-99%		1.1%	1

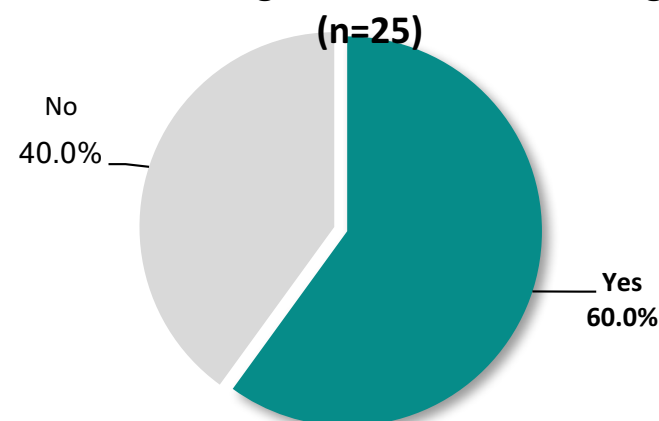
Total: 90

# CIRSE IR Trainee Survey

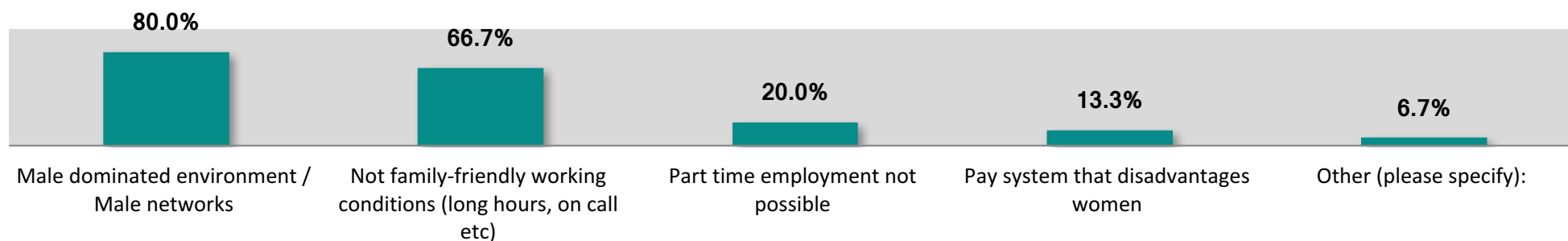
**Have you ever felt disadvantaged as a female trainee or experienced discrimination? (n=25)**



**Do you feel there are barriers preventing more female medical students and trainees from choosing interventional radiology? (n=25)**



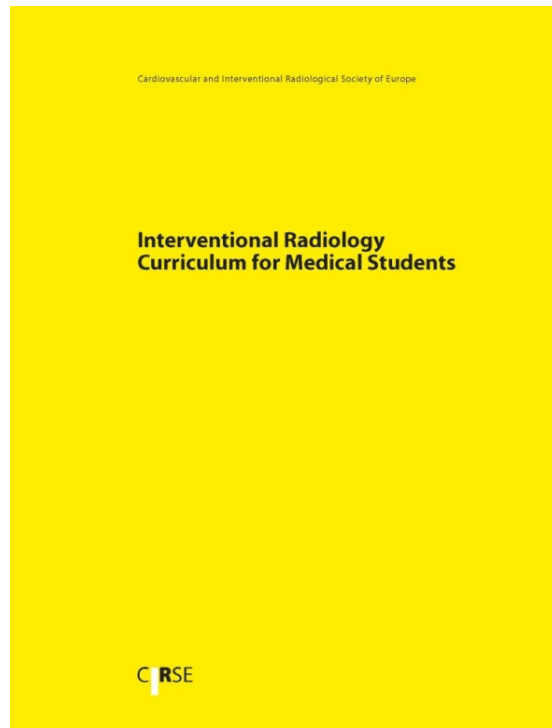
**What do you feel are these deterrents? (n=25)**



# The IR gender gap

## Remedies

1. Increasing medical student exposure to raise interest & avert perceived work-life imbalance & Radiation issues



[CardioVascular and Interventional Radiology](#)

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## Is it Time for a Specific Undergraduate Interventional Radiology Curriculum?

Authors

[Authors and affiliations](#)

Zaid Alsafi, Vamsee Bhrugubanda, Sanjeev Ramachandran, Ali Alsafi , Mohamad Hamady

# The IR gender gap

## Remedies

1. Increasing medical student exposure to raise interest & avert perceived work-life imbalance & Radiation issues
  - ICRP recommends additional dose to foetus of 1mSv during pregnancy
  - Threshold dose for foetal injury 100mSv
  - Average dose received by IR over entire gestation is 0.3mSv
  - Average dose received by foetus is 0.09mSv
- *“Pregnancy outcomes after exposure to radiation whilst working as IR are indistinguishable compared with those exposed to natural background radiation”*



Claire Cousins  
Chairperson of the ICRP  
Cambridge, UK

# The IR gender gap

## Remedies

1. Increasing medical student exposure to raise interest and avert the perceived work-life balance and radiation issues
2. Facilitate flexible training and working

# The IR gender gap

- **10% of consultant IR's in UK are female**
- 90% of **IR** consultants work full time
- **40% of all female radiologists in UK work flexibly**
- Perception is that IR is not amenable to part- time work or training

# The IR gender gap

## Remedies

1. Increasing medical student exposure to raise interest and avert the perceived work-life balance and radiation issues
2. Facilitate flexible training and working

### Women's Challenges in IR: #LookLikeAnIR

From: Amy R. Dejeu, MD, PhD  
Anne M. Covey, MD, FSR  
Lynn A. Brody, MD, FSR  
Yolanda C.D. Bryce, MD  
Duan Li, MD  
Karen T. Brown, MD, FSR  
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1275 York Avenue  
New York, NY 10065

#### Editor:

Susie Pitt, MD, a surgeon at the University of Wisconsin, saw the recent *New Yorker* cover illustrating women in surgery and challenged women surgeons to replicate the image with their female colleagues. The thread went viral (#LookLikeASurgeon), with women all over the world sharing photographs in a show of solidarity. The movement comes at a time when hard-won women's rights are threatened. On March 27, 2017, President Trump signed an executive order revoking President Obama's 2014 Fair Pay and Safe Workplaces order, which had provided for paycheck transparency and banned forced arbitration clauses for sexual assault, sexual harassment, and discrimination claims. The *New Yorker* cover campaign is meant to promote women working in male-dominated fields and to dispute gender stereotypes in medicine—specifically in surgery. Indeed, the stereotype of men as surgeons and women as nurses is so strong that it persists when people are given evidence to the contrary (1).

The women in the Interventional Radiology (IR) Service at our institution were inspired to rise to the *New Yorker* cover challenge (Fig). Of 6,800 students who graduated from US-accredited medical schools between 2006 and 2008 and went into general surgery or surgical subspecialties, 31% were women (2). By comparison, in 2010, only 7% of IR faculty were women, and in 2012, only 15% of IR fellows were women (3). Survey studies have pointed to radiation exposure, career length, call responsibilities and long work hours, lower amounts of patient contact, male predominance, and lack of female mentors as deterrents to women choosing IR. It is therefore remarkable that a single institution has gathered 6 women attending interventional radiologists, representing nearly one third of the IR Service faculty. This accomplished group has 1–30 years of practice in IR and includes a former division head, National Institutes of Health grant awardee,



American Board of Radiology Trustee, and National Comprehensive Cancer Network Hepatobiliary Section member.

Why are there so many women in 1 IR group? Arguably, most important is the support one finds in numbers; for junior women physicians, a group of accomplished female colleagues offers support and mentorship. One drawback of IR is the wide variation in when the workday ends because of the unanticipated nature of a high volume of add-on inpatient cases. Our section channels inpatient cases to specified procedure rooms, with other rooms ending at more predictable times, enhancing the quality of life of male and female colleagues alike. Practicing in a liberal, cosmopolitan city is another draw, with a culture more likely to accept diversity and challenge stereotypes.

Although the experience of our group is encouraging, the underrepresentation of women in IR remains a problem in the United States overall, particularly in light of the recent report that female physicians may have better outcomes than male physicians (4). Only 25%–30% of medical students who choose a radiology residency are women, limiting the number of women available to subspecialize in IR. The transition to the IR diagnostic radiology residency program may help address this problem and presents an opportunity to recruit women directly from medical school. At the 2017



Figure. The *New Yorker* cover challenge. Our IR Service includes 6 women attending physicians who replicated the April 3, 2017, *New Yorker* magazine cover, "Operating Theater" by

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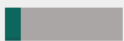
# The IR gender gap

## Remedies

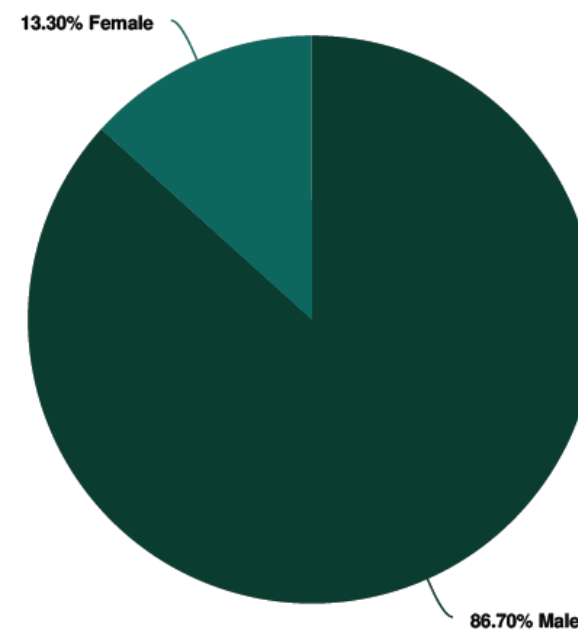
1. Increasing medical student exposure to raise interest and avert the perceived work-life balance and radiation issues
2. Facilitate flexible training and working
3. Promotion of female leadership (mentorship initiatives)

## ESR-CIRSE Joint Survey

- Survey sent to **European Heads of Radiology Departments** in April, 2017
- **Gender indication of Heads of Radiology Departments taking the Survey (n=98)**

Value		Percent	Responses
Male		86.7%	85
Female		13.3%	13

Total: 98



# The IR gender gap

## Role Models

“Interviews with Inspiring Women”

The screenshot shows the RCR website header with the RCR logo and navigation links: Clinical oncology, Clinical radiology, The College, and Policy. Below the header is a banner for 'The College' with a blue and white abstract background. Under the banner is a navigation bar with links: Home, About the College, Membership, RCR18, and Strategy. Below the navigation bar is a breadcrumb trail: Home > Interview with Dr Fiona Miller.

## Interview with Dr Fiona Miller

Wednesday 8 March 2017

**Dr Fiona Miller is a Consultant in Interventional Radiology at Peterborough and Stamford Hospitals NHS Foundation Trust.**

*How did you choose interventional radiology and why?*

I loved IR from the day I started my radiology training. I started training in London but we moved to Cambridge for my husband's job and at that time there was no IR training programme in Cambridge. I took a DGH post and working alongside another IR up-skilled and then spent two months in Leicester with Dr Bolia.

# The IR gender gap

## Role Models

IR  
congress  
news

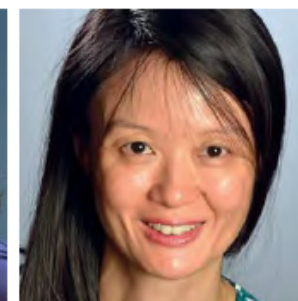
Women in IR

### Breaking the Glass Ceiling in IR

Petra Mann, CIRSE Office



## Some of the great women in IR...



# The IR gender gap

## The St George's IR team, London, UK



# The IR gender gap

## Remedies

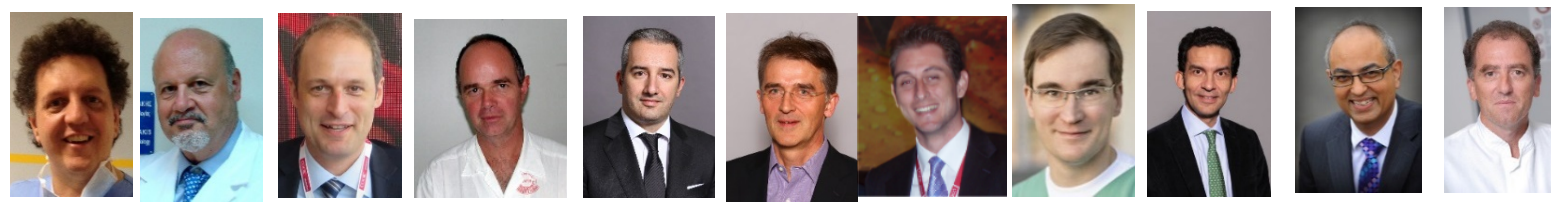
1. Increasing medical student exposure to raise interest and avert the perceived work-life balance and radiation issues
2. Facilitate flexible training and working
3. Promotion of female leadership (mentorship initiatives)
4. Invite more female Faculty

# Candidates for election to CIRSE positions 2017

## Executive Board



## Executive Committee



## Committee membership



# Female Members of BSIR committees

## BSIR Council Officers 2015 - 2017

This page is currently being updated

President Dr Raman Uberoi

Vice President Dr Trevor Cleveland

Secretary Dr Ian McCafferty

Treasurer Dr Fiona Miller



### Education Committee

Paul Scott (Chair)

Timothy Bryant

Rajesh Bhat

Julian Atchley (Past Chair)

### Membership & Rules Committee

Reddi Prasad Yadavali (Chair)

Dinuke Warakaulie

Peter Littler

Steve Thomas (Past Chair)

### Registries & Audit Committee



Anthie Marie Papdoppoulou

Christopher Hammond (Chair)

Said Habib

Charles Ross Tapping

Teik Choon See (Past Chair)

### Scientific Programme Committee

Lakshmi Ratnam



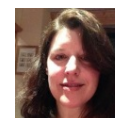
Hans-Ulrich Laasch (Chair)

Raghuram Lakshminarayan

Tze Min Wah

Mohamad Hamady (Past Chair)

### Communications Committee



Philip Haslam (Chair)

Hilary White

Richard Miles

Brian Stedman (Past Chair)

### Safety & Quality Committee

Graham Robinson (Chair)

Jon Bell

Andrew G Hatrick

Teik Choon See

Sam Chakraverty (Past Chair)

# The IR gender gap

## Remedies

1. Increasing medical student exposure to raise interest and avert the perceived work-life balance and radiation issues
2. Facilitate flexible training and working
3. Promotion of female leadership (mentorship initiatives)
4. Invite more female Faculty
5. More *(female)* IR TPD's

# The IR gender gap

## The Real Threat to IR

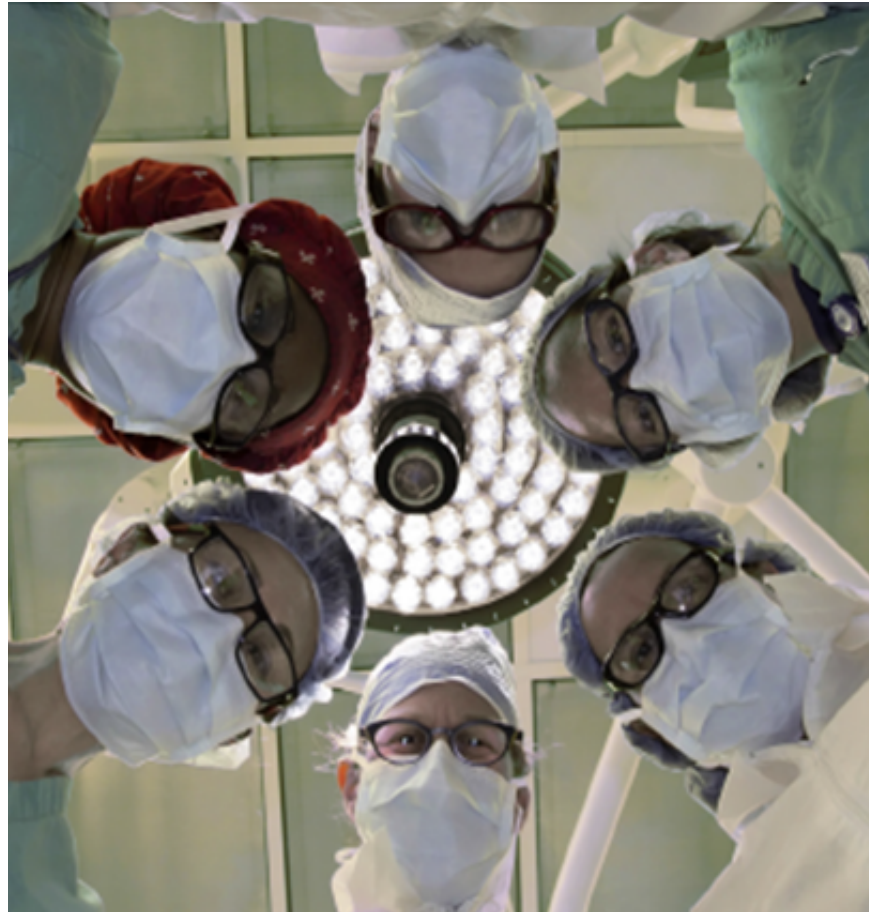
*“We need to be aware of the background advice that many young women get and of the perceived or real obstacles that are faced.”*

“Too hard... Too much on call..... Exposure to radiation....”

“Easier options available.... I wouldn’t do that if I were you...”

“Not a suitable career choice for women”

Make the most of an underutilised resource!



Address the “man”power crisis!