

How would you promote Interventional Radiology as a specialty in the modern era?

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Interventional Radiology (IR) fulfils an essential and expanding role in modern medicine. It provides a means of safe and effective treatment using minimally invasive methods under image guidance. IR is indicated in a widening range of situations, from emergency intervention in haemorrhagic or ischaemic events, to planned oncological management. Adequate 24-hours availability of IR is associated with significantly improved patient outcomes and is recommended by the Royal College of Radiologists (RCR) ^{1,2}. Demand has mirrored the growing clinical role and IR procedures have increased in number by 50% since 2007 ³. National IR specialty training is a challenge with under provision of more than 200 Consultants compared to 24-hour service access requirements ⁴. In this context we explore survey data of Foundation Year doctors that may assist in promoting recruitment to the dynamic world of IR.

An anonymised electronic survey was carried out of trainees at Basildon and Thurrock University Hospital. The DGH has 840 inpatient beds and like almost half of Trusts in England cannot provide Out-of-Hours IR services ⁴. The survey achieved a response rate of 62% (53/86). Respondents overwhelmingly take into consideration supportive work culture and work-life balance when choosing specialties (92% and 96% respectively considered these important factors). (Fig. 1). Having a role model in the field or receiving encouragement in the specialty was found to be more important than previous exposure (75% vs 66%).

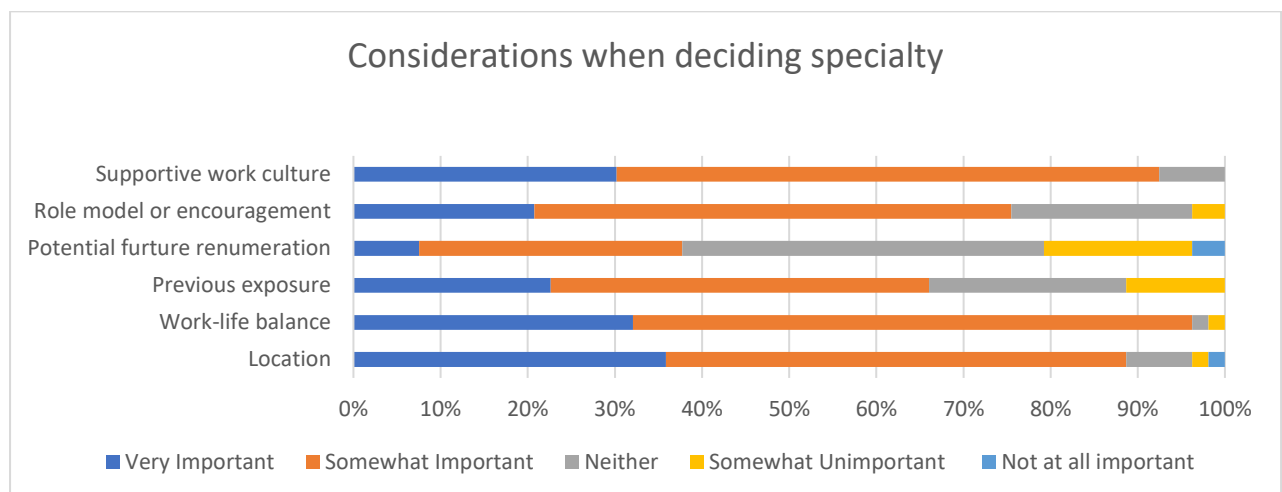


Figure 1

The trainee respondents had variable levels of engagement (Fig. 2). Only 55% had discussed patient care with IR Consultants; most limited to pre-procedure anticoagulation. FYs with rotations in Vascular surgery and Urology were the most likely to have engaged. Only 3 FYs had observed an IR procedure. Interestingly, twice as many had observed primary PCI with Interventional Cardiologists. None had formally been informed about IR services available or potential careers.

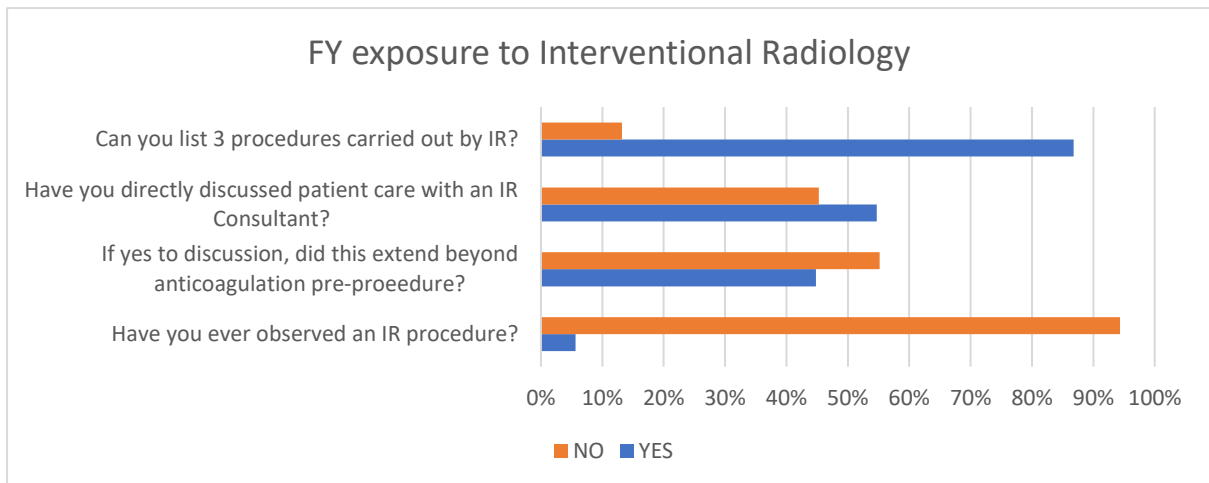


Figure 2

Three FYs were attracted by a prospective career in the specialty. (Fig. 3). A further 32% (17/53) were open to IR if they had more knowledge of training or working life.

The promotion of IR remains challenging: trainees feel pressured to commit early to specialisation⁵ - a time when their understanding of IR remains limited. The New Junior Doctors Contract further penalises changing specialty streams later⁶. Early engagement with Radiology, especially in medical school, has demonstrable effects on lasting career impressions⁷. Whilst efforts to integrate IR into medical school curriculae must be

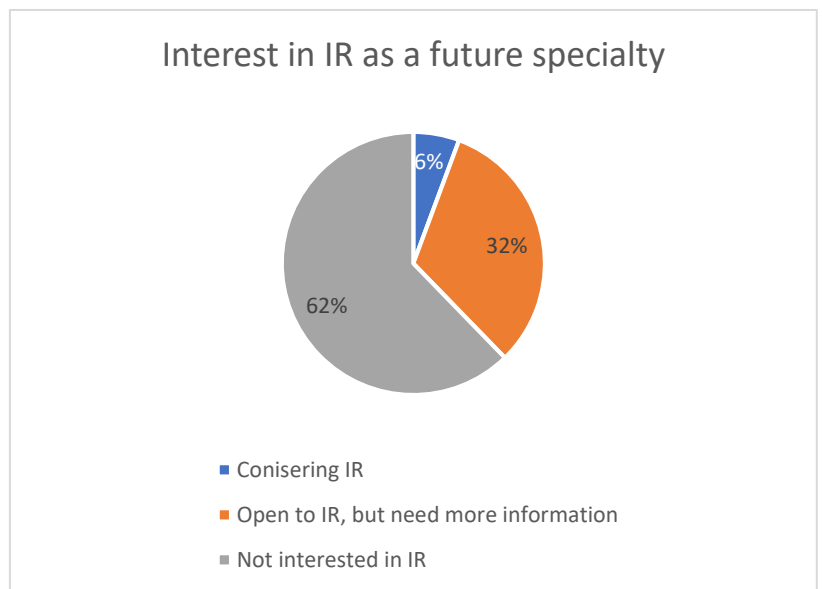


Figure 3

ongoing this ought to continue with FY doctors. Proactive formal introduction to local IR services and routes to be involved is likely to enhance interest, especially amongst trainees in rotations with less IR contact. Furthermore, clinical role models have a great effect on postgraduate training decisions⁸; alerting trainees early to a departmental contact person for career guidance provides a credible path to engage trainees and an example of realistic work-life balance. Finally, through highlighting the flexibility of IR, in the context of the well supported intervention suite environment, prospective interventionists may gain an appreciation for all that a lifelong endeavour in IR may offer.

Word count: 497

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