

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

Interventional Radiology (IR) is a sub-specialty of radiology that uses medical image guidance to allow minimally invasive diagnoses and treatment. Being a fairly new sub-specialty of Radiology, IR may sometimes be confused as being an add-on specialty to other specialties or even being a totally diagnostic specialty (like it initially started off as)[1], [2].

However, IR has radically improved patient outcomes – where a myomectomy would be previously indicated for uterine fibroids, UFEs (or Uterine Fibroid Embolizations) have now become mainstay[3]. Furthermore, the first IR procedures (PAE or prostate artery embolization) for benign prostate hypertrophy are now being used[4], [5]. With this rapidly emerging field and with clinical standards of in-patients having 24/7 access to consultant-directed IR procedures, its awareness is imperative.[2]

The amalgamation of radiology, specialist equipment and specialty theatres make IR a complex topic to grasp in medical school. Furthermore, due to the low number of IR specialist theatres, it is simply not possible for a lot of medical students to scrub in. An answer to this can be a week observing IR specific procedures during the surgical rotations. Not only would this highlight the importance of IR in different specialties, it would also promote the career as an option.

Societies for Interventional Radiology at university can be a great platform for students to discuss hot topics and developments. ‘A Career in Interventional Radiology’ talks can be held, where a BSIR representative can promote and clear any mis-conceptions. Furthermore, essay competitions with monetary rewards such as this prize are great ways to expose the field to budding doctors.

Twitter handles and Facebook pages dedicated to latest IR technology and events can allow for a global interaction of doctors, medical students and patients. In-fact, many IR twitter handles already exist for many American hospitals[6]-[8]. Up-to-date BMJ articles on this specialty and the training programme are also very beneficial.[1]

The current ratio of male to female interventional radiologist remains around 9:1 – this can be changed by having a ‘Women In IR’ society (and associated social media) where issues such as part-time work and female-friendly working environments can be discussed[9]. An example of this is the ‘WomeninIR’ twitter handle from Virginia, USA.[10]

I was lucky enough to be in a district general hospital with a tertiary interventional radiology service for vascular, gynaecology and urology procedures. It was only whilst I was on my vascular surgery placement, that I discovered the valuable and majorly efficient contribution of Endovascular Aneurysm Repairs and angioplasties by IR. The staff were very keen to have me on their team and this helped me make my decision for applying for an IR training programme. Not every foundation doctor has such an opportunity and had it gone amiss, I wouldn’t have planned to enter IR, or even radiology for that matter. I believe more can be done to promote IR and hopefully this essay highlights some of these ways.

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