

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

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Interventional radiology (IR) provides innovative, minimally invasive, and image-guided diagnostic and therapeutic procedures across various medical and surgical specialities. Despite the increasing recognition of the impact of IR on patient care, the specialty remains relatively ambiguous to the medical community and public alike.¹ As such, extensive promotion of IR is needed for the specialty to achieve its full potential in the era of modern medicine.

An important element in promoting IR is ensuring a sustainable future workforce. Both the Royal College of Radiologists and the British Society of Interventional Radiology (BSIR) have recognised a significant shortage in the number of interventional radiologists required to meet the demands of the specialty.^{2,3} This can, in part, be attributed to the lack of exposure of medical students and foundation doctors to IR and subsequently their interest in IR as a career. Medical students receive a short clinical rotation in Radiology and if any in IR.⁴ The royal college should work closely in conjunction with medical schools to ensure students receive sufficient exposure to radiology including a dedicated undergraduate curriculum. IR departments should take the initiative to organise and advertise electives and taster weeks as opposed to waiting for prospective trainees to come forward. Similarly, radiology and interventional trainees should promote the specialty to medical students and foundation doctors by organising teaching events and setting up dedicated interventional radiology societies. Conferences should be incentivised for prospective trainees to attend, such as in the case of the BSIR's conference scholarship programme, but this needs to be adopted by other radiology societies as well.

From the perspective of promoting the clinical service, excellent collaboration is required between interventional radiologists, general practitioners, and secondary care specialities. This requires robust multidisciplinary meetings between interventional radiologists, physicians, and healthcare managers to ensure diagnostic and treatments protocols are established to ensure appropriate referrals. This could see the potential for the development of direct access IR referrals and outpatient clinics, promoting IR even further.

Furthermore, knowledge of the specialty and the alternatives it offers to conventional treatments needs to be promoted to patients and the public.⁵ This can be achieved through educational events and appropriate use of social media to increase public awareness. Ultimately, if increasing collaboration between interventional radiologists and general practitioners is achieved, patients will be able to consult their regular physician on appropriate treatment options, including those offered by IR.

Ultimately, the above interventions are only possible if the necessary financial funding and resource allocation are provided by the government and healthcare commissioners. Alongside the various efforts conducted by the royal college and interventional radiology institutions to collaborate with the government to address this critical point, IR centres need to ensure comprehensive research is being conducted to show that the value of IR is evidence-based, in terms of clinical outcomes and cost-effectiveness.

Promoting IR to prospective trainees, primary and secondary care physicians, as well the government and appropriate healthcare commissioners will see the specialty flourish and take centre stage in the era of modern medicine.

References:

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