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

Interventional Radiology (IR) is a rapidly evolving field that delivers minimally invasive, cost effective and often life-sustaining treatment to patients. 8 years after gaining subspecialty status [1], IR faces challenges not only in promoting itself amongst trainees and healthcare professionals but in defining it's role in the face of competition from specialties that have had decades to do so. This essay will highlight some of these challenges and explore how they may be overcome.

The UK's estimated shortfall of 222 consultant interventional radiologists [1] is unlikely to be diminished without a concerted recruitment drive. In light of evidence demonstrating that medical students lack exposure to IR and that this directly impacts it's consideration as a career [2] there is a clear need to promote it at this level. A greater emphasis on IR in undergraduate curricula has proven effective [3] and the use of innovative methods such as virtual reality and cadaveric CT scans have been shown to benefit learning [4,5]. However, I argue that a more practical approach, with the early introduction of basic IR techniques such as ultrasound guided venous and arterial access would not only benefit patients [6,7] but be feasible [8–10] and more suited to promote such a procedural specialty.

Some specialties, such as ophthalmology, remain extremely competitive with little exposure within undergraduate curricula[11], thus there appears to be much scope for extra-curricular promotion. Increasing the availability of IR student selected components would be a good starting point with the recognition and reward of excellent undergraduate teaching serving to maintain this impetus. Establishing medical school societies, prizes and bursaries that reward student activity in IR would also help raise awareness. A more protracted effort could highlight medical schools producing large numbers of trainees and widely implement any regional strategies that prove effective.

As an incredibly collaborative specialty, interweaving with the work of many others, IR has a responsibility to promote itself to other specialties to foster closer links and explore further avenues of possibility. Routine attendance at MDTs and grand rounds could help locally, with presentations at educational meetings playing a role nationally. Furthermore, I argue that an enhanced physical presence would not only benefit patients though increased cooperation and referral rate but prevent the specialty being marginalized by others adopting the techniques themselves.

How many people grow up wanting to be an interventional radiologist?

There is a rich cultural heritage laden with the work of other specialties. Few have not encountered literary giants Oliver Sacks, Paul Kalanithi or Henry Marsh. Marsh's breathtaking portrayal of surgical aneurysm repair[12] cannot fail to inspire, yet it is no more spectacular or intricate than many endovascular feats achieved by IR. I believe that while education is important, it is no substitute for inspiration. Once the achievements and possibilities of IR are explored though literature, documentaries and film, far more will realise their vocation to join a specialty at the forefront of advances in physics, engineering and artificial intelligence that truly is **the** specialty of the modern era.

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