Interventional radiology (IR) is a rapidly expanding specialty in healthcare institutes across the world. However, the literature suggests that this increase in demand is not being met by the supply of recruited trainees, and a lack of exposure to IR amongst medical students may be contributing to this.

In a study I conducted with some colleagues involving medical students at the University of Leeds, we established that 49.7% of students had received no formal IR teaching at medical school, resulting in only 10.9% of students considering a career in the specialty, mainly due to lack of knowledge (39.7%). Similar results from institutes around the world suggest increasing the exposure of students to the specialty could be a solution to the supply-demand gap in IR recruitment.

Institutes should establish a baseline of their students’ knowledge of IR, to implement a curriculum that fills these gaps and corrects misconceptions, including lack of patient contact. A core IR clinical placement, introduced early on in medical school, has proven most effective in improving students’ understanding of and enthusiasm for IR. This should be part of a curriculum that teaches the anatomy and pathophysiology pertinent to IR procedures and the basic management of conditions using IR techniques, in line with the Cardiovascular and Interventional Radiological Society of Europe’s (CIRSE) “Interventional Radiology Curriculum for Medical Students.” Surveys should establish students’ preferred teaching methods, and contemporary methods, including webinars, virtual reality and simulators or cadavers to teach image-guided procedures, should be tapped into.

Rotem et al. (2016) also suggests introducing student IR interest group meetings, which can not only help identify potential IR candidates, who can then be mentored by interventional radiologists in local hospitals, but can also provide students inclined towards other specialties with a solid understanding of when to consult IR, improving the quality of referrals.

To appeal to students not initially inclined towards IR, a dedicated IR student society with a strong social media presence, designed alongside local interventionalists to put on educational events, simulations and IR taster days, can collaborate with other specialty societies on events pertaining to their shared interests. The society can provide research and publication opportunities, courses with CV points, and free access to IR journals as incentives to draw students in. It can also collaborate with the medical school to facilitate the addition of more IR projects into the research module.

Every year, IR societies from neighbouring schools can host a free joint student IR conference, where students can present their research, attend lectures, workshops and simulations from big-name interventionalists, and network with professionals. Such an event put on in Ohio greatly improved student insight into the specialty and its training pathways.

Finally, the British Society of Interventional Radiology (BSIR) can collaborate with student IR societies to provide funding towards research, electives, intercalated IR degrees and conference attendance. BSIR student representatives can keep students up-to-date regarding conferences, meetings and available research opportunities.

All of the above should aid in paving the way for the next generation of interventional radiologists.

References


