

1. Outline ideas to promote IR in medical school/at workplace.

There exists a perception that interventional radiologists (IRs) are generalised technicians, adept at employing image guidance in procedures, but not specialists in their own right. Because IR covers such a breadth of cases, of which most return to their referring team, it is difficult to grasp its contribution; that it could not be trained in the current workforce. This perception is in direct opposition to its demand, with 50% more requested procedures since 2010 and a shortfall of over 200 consultants^[1]. What is needed is an appreciation of IR, with its elegant application of fundamental techniques in minimally invasive complex procedures, as well as its career opportunities.

Most students have been shown to choose their specialty during their undergraduate studies^[2,3], even pre-clinical^[4], based on factors such as educational experience^[5,6]. IR is at a disadvantage here because while its presence is everywhere – from the insertion of a nephrostomy tube to an embolization in a trauma case – it is never particularly emphasised^[7]. To counter this, medical schools should be pushed to introduce the BSIR undergraduate curriculum^[8,9], while IRs should be encouraged to give focused lectures. The presence of only 20 undergraduate radiology societies in the 33 UK medical schools^[10], of which several are defunct, betray this lack of undergraduate interest. The BSIR should offer sponsorship and contacts to support societies, who can then organise career talks and advertise prizes/essay competitions.

Two routes by which many medical trainees narrow their specialties are elective rotations and research opportunities^[11]; neither of which are easily accessible in IR. Excepting those who choose an elective in IR, a typical medical student is exposed to IR for at most two days in a radiology/surgical rotation. Given the complexity of technology, anatomy and cases, this is insufficient for them to understand the procedures, let alone scrub up or forge future research connections. Because there are no foundation posts in IR, attracting the attention of medical students before they graduate, and encouraging collaboration through advertising of research opportunities, is pertinent to maintaining interest.

In the wider community, the enigma of IR must be broken down. Social media is the strongest tool for this^[12] – visually pleasing infographics on procedures, and first-hand accounts from IRs would help with recognition of their unique work. Offering mentorship to junior doctors interested in IR would motivate them to pursue the career^[13]. In particular, offering female mentors to female juniors could address the growing gender gap in IR^[14,15]. Many studies have demonstrated that it is through collaboration with other specialties that the best patient outcomes are achieved^[16,17]. This collaboration, and greater understanding of IRs' role in a team, should be prioritised, rather than competition for procedures.

A consistent, dedicated effort to the promotion of IR is needed, and these ideas represent ways forward. IR certainly has a significant role in the future of medicine but to fully realise its potential, it requires an injection of passionate juniors to lead the way forward in research and innovation, as well as greater understanding and appreciation from its peers.

Word count: 500 words

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