
LETTER TO THE EDITOR

Perceptions of Junior Doctors in the United Kingdom Regarding a Career in Interventional Radiology

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To the Editor: Several studies from North America and Europe have explored the perceptions of medical students and junior trainees towards a career in interventional radiology (IR).¹⁻³ They have found that knowledge on and exposure to IR of medical students were poor and limited. A recent study showed us the awareness among final year medical students in the United Kingdom⁴; however, to date, no studies have been carried out to ascertain the perceptions of junior doctors. We invited first year (FY1) and second year (FY2) junior doctors in the East of England to participate in an anonymous online questionnaire survey, hosted via SurveyMonkey over 2 weeks. Our survey contained 20 questions and included a mix of open and closed questions to ascertain demographics, such as age, sex, and grade of training. For the questions regarding knowledge of IR, a visual analogue scale was used. For the questions regarding career intentions and previous exposure to IR, closed 'Yes/No/Unsure' questions were used. Finally, for the questions pertaining to raising awareness of IR as a career choice, a 3-point ranking system was used.

Of the 82 doctors, 54 (66%) completed the questionnaire (FY1, n = 22; FY2, n = 32), from three hospitals across the region. Commonly cited reasons for wanting to pursue a career in IR were the ability to perform procedures, an excellent work-life balance and run-through training. In our survey, 54% (n = 29) of trainees

were not considering pursuing a career in IR, with the majority citing a lack of exposure to IR at medical school as their primary reason. Atiiga et al⁴ also found a lack of knowledge on and insufficient exposure to IR on the undergraduate curriculum. In our survey, 62% (n = 34) of trainees had never been offered an optional IR placement as a student, and 67% (n = 36) were unable to identify who to contact to arrange a 'taster week' in IR. There are limitations with our survey, in that it is difficult to say how generalisable these findings are, but nevertheless, because we employed random sampling across several hospitals it likely represents a range of views.

We have identified three key areas to help awareness.

Integration of Interventional Radiology into the Undergraduate Curriculum

Shaikh et al⁵ found that integrating IR teaching and exposure into the undergraduate curriculum helped to increase knowledge and understanding of IR among medics. Our survey mirrored this finding, with 72% (n = 38) of trainees suggesting this would be the best way to increase awareness of IR. One potential solution to address any gap in the formal curriculum would be for consultant radiologists to facilitate the establishment of student-led 'IR interest groups' at their local universities.

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Creation of a Junior Fellowship Scheme

Organisations, such as the British Society of Interventional Radiology (BSIR), should consider creating a 'Junior Fellowship Scheme', whereby students and trainees could apply for a nationally competitive scholarship, with the provision of a local mentor, funding for overseas placements and opportunities to present research at scientific meetings. Trainees identified these features as reasons to engage with IR.

Leveraging the Power of Social Media

Ojha et al⁶ agree that the digitalisation of the healthcare profession has opened new avenues for education. With information so readily available on handheld devices we adapt to the diversity of social media. However, no trainee follows the BSIR on Facebook, and only one supported the society on Twitter. Current medical students and trainees suggested that more active social media accounts would help raise awareness. Examples include uploading educational videos to YouTube relevant to junior trainees on common IR procedures and hosting live video streams on Facebook whereby

interventional radiologists can deliver short webinars and answer questions from students and trainees.

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