Encouraging Women Into the New Diagnostic Radiology/Interventional Radiology Pathway

Martha-Gracia Knuttinen, MD, PhD

In 2012, the American Board of Medical Specialties announced a new dual primary certificate in interventional radiology (IR) and diagnostic radiology. This dual primary training and certification demonstrates how the role of the interventional radiologist has shifted. The primary intent of this new pathway is to provide a broader and more in-depth experience in the clinical diagnosis and care of patients with diseases commonly treated by interventional radiologists. Additionally, as the health care system continues to shift to increasing outpatient care settings, interventional radiologists must continue to assume the role of providers and caregivers in a clinical sense, in addition to being procedural experts.

Approximately 8% to 11% of all radiologists are interventional radiologists [1]; of these, approximately 2% are women [1]. It remains unclear why so few women choose IR as a specialty. Historically, women’s roles within the family and in child care have been considered significant factors that dissuade them from entering medicine, including IR. A recent Canadian research survey reported that principal reasons women do not consider radiology as a career included a lack of direct patient contact, working in isolation, and the chances of obtaining a residency position [2]. By helping redefine the role of the interventional radiologist, the new dual-certificate training pathways may help in the recruitment of more women to the specialty. Interventional radiologists will become increasingly involved in patient care, in preprocedural workups, and in physician-to-physician encounters. As an additional incentive for women to choose IR as a career, the role of IR in women’s health care issues has also substantially grown over the recent past, including the treatment of uterine fibroids, pelvic venous congestion, infertility, and breast cancer—targeted therapies. The combination of heightened patient contact and the opportunity to become credentialed in a field increasingly associated with women’s health should encourage women to embrace the opportunity to become part of this new diagnostic radiology/IR pathway.

With the impending changes in the training algorithm, it is particularly important now to focus on the active recruitment of female medical students by dispelling preconceived notions of IR as a field that is inimical to women.

IR as a specialty needs women. As the importance of interventional radiologists becomes more and more based on bedside manner and patient care, it is important that programs empower and mentor young women to succeed in this field.

REFERENCES


Martha-Gracia Knuttinen, MD, PhD, University of Illinois Hospital and Health Sciences System, Department of Vascular and Interventional Radiology, 1741 West Taylor Street, MC 931, Chicago, IL 60612; e-mail: mgk600@hotmail.com.