



## Editorial

# Is It Time for a Direct Doctor of Medicine in Interventional Radiology in India?

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Interventional radiology (IR) has established itself as an indispensable and critically important service in patient care. It bridges the gap between traditional surgery and medical therapy by offering minimally invasive image-guided procedures that can be curative, palliative, or adjunct to other therapies. Physicians practicing IR require specific skills to provide high-quality IR services. Various structured IR training programs, including direct or postcertification in diagnostic radiology (DR), are now available globally, offering training in image acquisition, interpretation, image-guided procedures, and clinical evaluation. However, in India, IR training is offered only after DR training is completed. It may be worthwhile to consider implementing a direct integrated IR/DR course in the country.

In the past, IR primarily functioned as a referral service, treating patients referred and returning them to the referring physician or surgeon for further care. However, the scope of IR has expanded significantly in the last 10 to 15 years. This growth is not limited to arterial disease but has also extended to oncology care, venous disease, and specific disease entities such as fibroids and benign prostatic hyperplasia. Due to the complexity of care provided, interventional radiologists now take on complete patient responsibility, including clinical evaluation, medical therapy, hospital admission, inpatient care, and referral to additional clinical services. Moreover, patients now directly consult IR for treatment. Hospital leadership has also recognized IR as a standalone specialty, distinct from DR, due to the additional requirements for delivering direct patient care. Public health

insurance schemes such as Ayushman Bharat Pradhan Mantri Jan Arogya Yojana have approved procedures under the IR specialty.

It may be time to advocate for integrated IR specialty training following the acquisition of a basic medical degree (MBBS). This recommendation considers several factors, including patient care needs, optimal resource utilization, manpower, and training requirements. In the Indian context, an alternate pathway of a 5-year direct Doctor of Medicine (DM) program in IR, which combines DR and IR training, appears most suitable. This could be offered as an adjunct to the current pathway, involving 3 years of postgraduate training in DR (MD Radiology) followed by 3 years of super-specialty training in IR (DM in IR). This approach would be like the direct 5-year training offered in other super-specialties, such as neurosurgery.

The syllabus for this integrated program should encompass essentials such as image acquisition, interpretation, radiation protection, clinical evaluation and management in outpatient and inpatient settings, basic surgical skills, and image-guided procedures. It is crucial to recognize that DR training is integral to IR training, as image acquisition and interpretation are fundamental to successfully delivering image-guided therapies. This alternate pathway provides a shorter course but improved clinical training in IR over 5 years.

Position statements from other IR societies, both independently and in collaboration, can provide a strong foundation for advancing in this direction. It is time to engage policymakers in the government to progress IR training.

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