Teaching radiology advocacy during residency training: Current landscape and strategies for implementation

THE UNIVERSITY OF TEXAS MD Anderson Cancer Center

UT Southwestern Medical Center

Zi Yae Kang, BS[1], Kirang Patel, MD[2], Jay R Parikh, MD[3]

1. University of Texas at Austin Dell Medical School, Austin, TX
2. University of Texas Southwestern Medical Center, Dallas, TX
3. University of Texas MD Anderson Cancer Center, Houston, TX

The University of Texas at Austin Dell Medical School

Background

- Public policy influences all aspects of radiology, including patient access to imaging, reimbursement structures, and radiologist workforce conditions.
- Despite its importance, formal advocacy training is not routinely integrated into residency education.
- Exposure to advocacy early in training increases the likelihood of sustained engagement in public policy.
- Professional societies provide advocacy opportunities through the Resident-Fellow Section (RFS), but participation is dependent on trainee initiative.
- Identifying gaps in advocacy education is necessary to develop targeted strategies for integration into residency training.

Aim

- We evaluate the current state of advocacy education for radiology residents and identify strategies for improvement.

Methods

- A cross-sectional review was conducted of the websites of 200 diagnostic radiology residency programs identified through the American Medical Association's Fellowship and Residency Electronic Interactive Database (AMA FREIDA).
- This was supplemented with a narrative literature review using PubMed and Google Scholar.
- Sources were evaluated for advocacy/policy curricula, trainee engagement opportunities, and barriers to participation.

Results

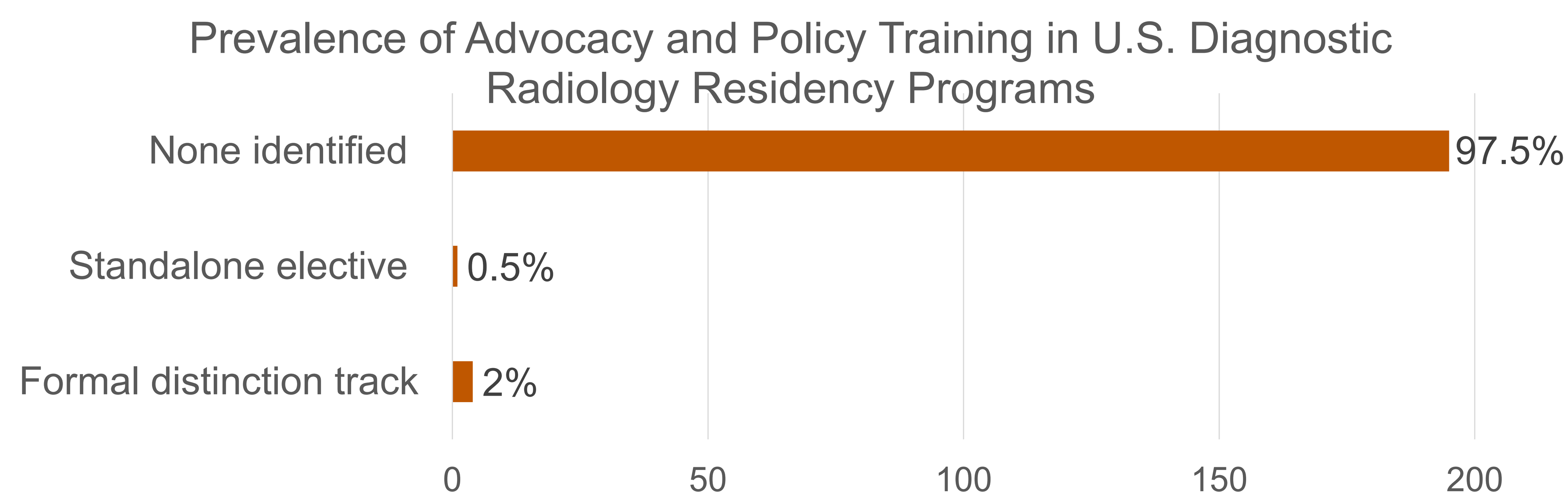

Figure 1: Among diagnostic radiology residency programs (n = 200), four programs (2.0%) offered advocacy distinction tracks, all integrated with leadership and business curricula. One (0.5%) offered a standalone health policy elective. 97.5% of programs had no structured advocacy training.

Results

Figure 2. Professional radiology societies are primary drivers of advocacy training, primarily through RFS initiatives and events such as **(A)** Hill Day. Some state societies, including the Texas Radiological Society (TRS), offer structured programs (e.g., a two-year advocacy curriculum with supervised legislative training) **(B)**. Trainees who do not actively pursue these opportunities have limited exposure to advocacy education.

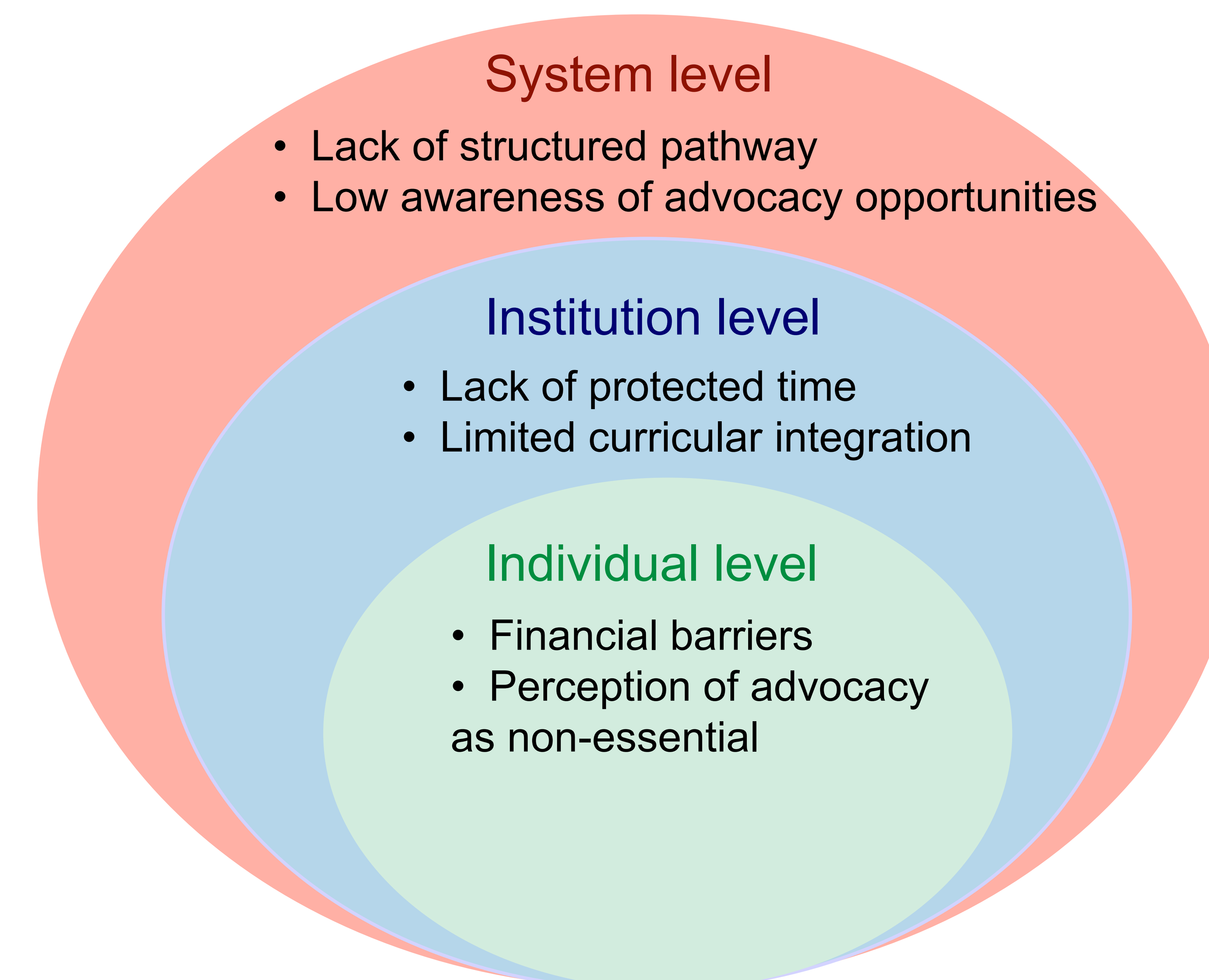

Figure 3. Barriers to advocacy engagement span multiple levels, emphasizing the need for multi-level interventions.

Discussion

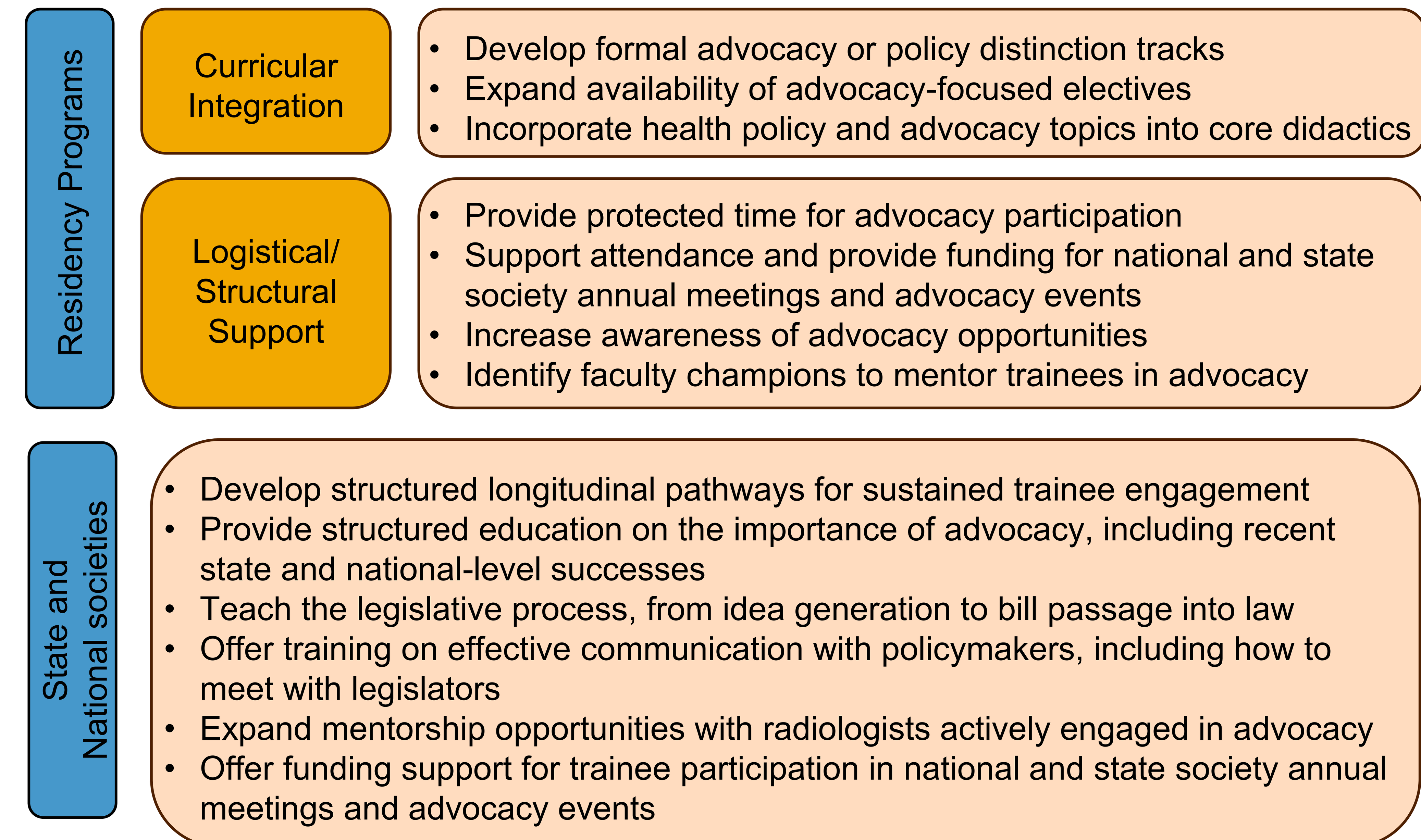

Figure 4. Multi-level strategies to integrate advocacy into radiology residency training.

Conclusion

- Advocacy education in diagnostic radiology residency remains underdeveloped, with few programs offering structured training opportunities.
- Advocacy exposure is often externalized to professional societies, requiring self-directed trainee engagement.
- Integrating advocacy into existing curricula, strengthening partnerships with professional societies, and reducing participation barriers through protected time and funding support are feasible strategies for residency programs to catalyze advocacy education of trainees.
- Multi-level interventions are needed to promote sustained engagement and standardize advocacy education in radiology training.

References

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