

Zi Yae Kang, BS¹, Kirang Patel, MD², Jay R Parikh, MD³

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

Background

- Early exposure to advocacy during medical training is associated with increased long-term engagement in organized medicine and policy leadership.
- Despite growing emphasis on physician advocacy, opportunities for medical student involvement in radiology-specific advocacy remain limited.
- The American College of Radiology (ACR) maintains a Medical Student Section (MSS) to promote advocacy engagement; however, the availability of a MSS within state ACR chapters remains unclear.
- Radiology Interest Groups (RIGs) are present in many medical schools and serve as key entry points for exposure to the field, but they often emphasize clinical and research experiences rather than advocacy-related training.
- Understanding current gaps in advocacy exposure is essential to developing strategies that support early and sustained engagement in radiology advocacy.

Aim

- To assess the current state of radiology advocacy exposure for U.S. medical students and identify strategies to support earlier and sustained engagement.

Methods

- A cross-sectional review was conducted of 52 state chapters listed by the ACR.
- Analysis was limited to chapters with functioning websites (n=31).
- Websites were evaluated for the presence of MSS, student-level advocacy programming, and advocacy-related mentorship opportunities.
- Medical schools affiliated with 98 university-based diagnostic radiology residency programs listed in American Medical Association Fellowship and Residency Electronic Interactive Database (FREIDA) were identified.
- Corresponding medical school websites (n=94 unique institutions) were reviewed for the presence of RIGs.

Results

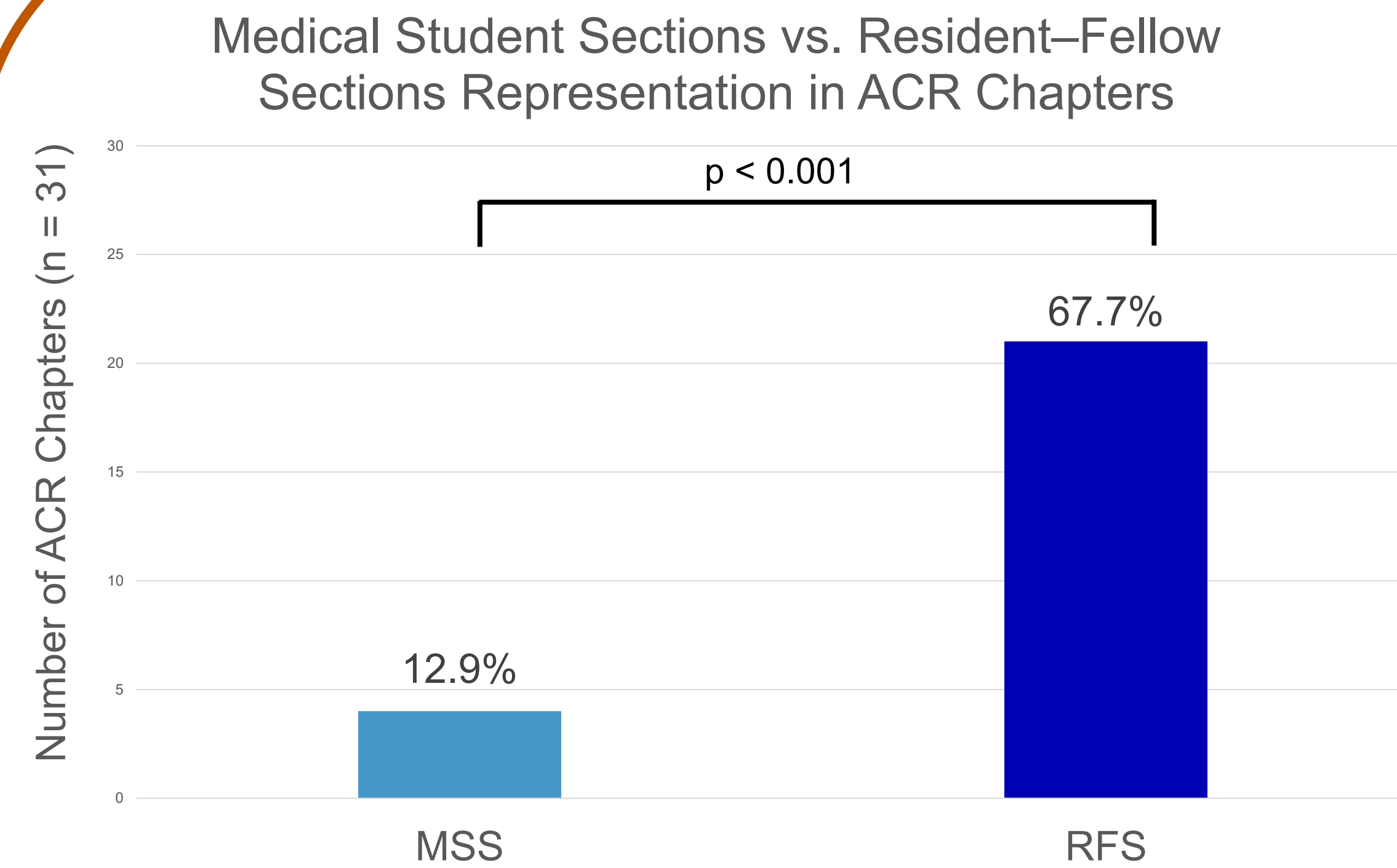


Figure 1: Within ACR state chapters with functional websites (n = 31), the MSS had substantially lower representation compared to the RFS.

Prevalence of Radiology Interest Groups (RIGs) Among U.S. Medical Schools

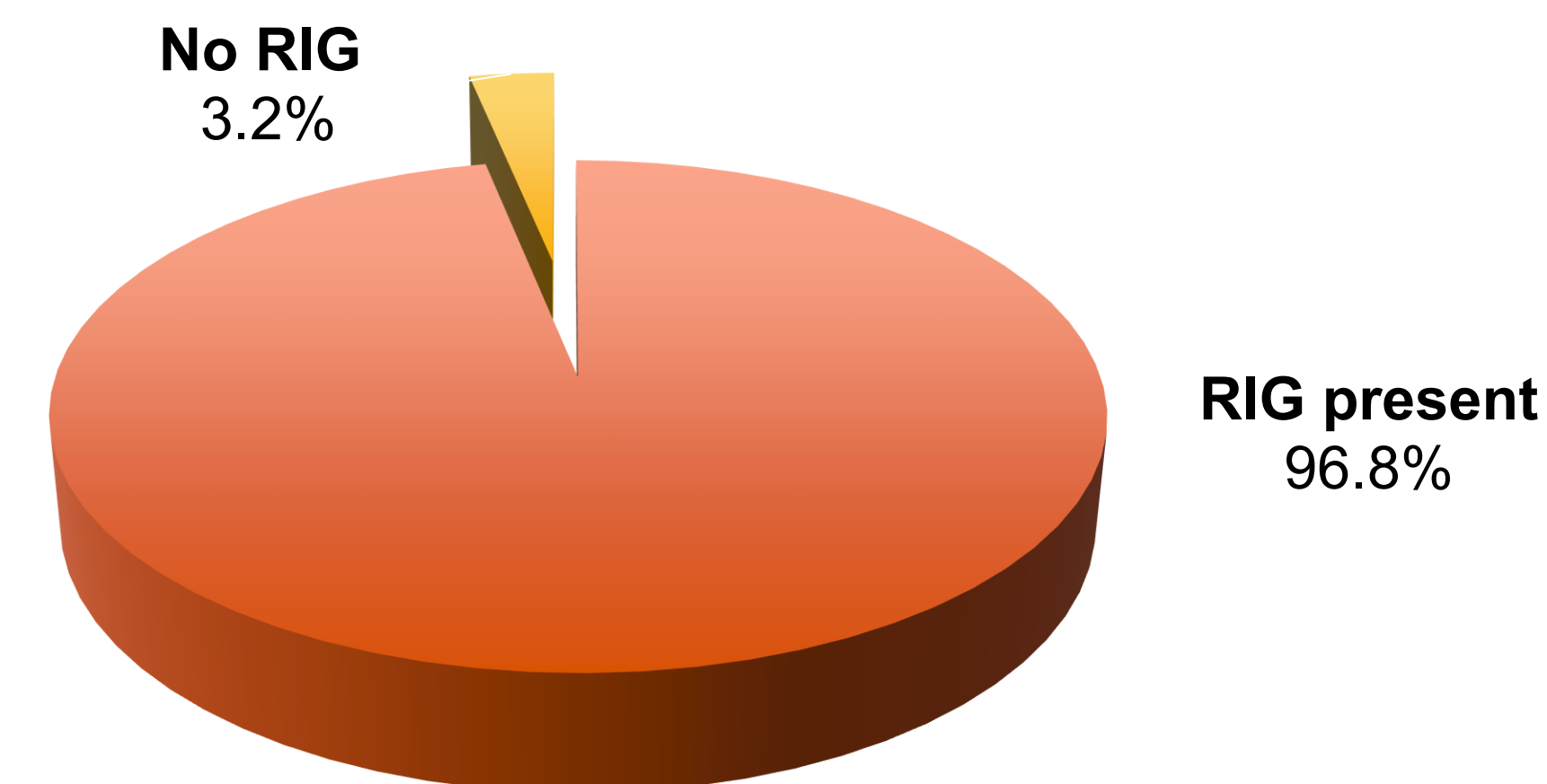


Figure 2. Across U.S. medical schools, nearly all institutions (96.8%) had an established RIG.

Results (continued)

Feature	RIG	MSS
Level of Organization	Institutional	Multi-institutional (state or national-level)
Primary Focus	Broad exposure to radiology, career exploration, and research	General radiology exposure, advocacy engagement, professional development
Mentorship Opportunities	Local faculty	Access to radiologists engaged in advocacy across institutions
Role in Advocacy Pipeline	Variable, indirect role in advocacy pathways	Serves as an entry point into advocacy pathways
Advocacy Exposure	Limited and inconsistent	Higher than RIGs, but still dependent on self-directed involvement

Table 1. Key differences between RIGs and MSS.

Conclusion

- Overall, radiology advocacy exposure during medical school is limited and dependent on self-directed participation or involvement through national professional societies (e.g., ACR Pre-RAN)
- Expanding MSS within state radiology societies offers a structured pathway for early advocacy engagement.
- MSS can enhance exposure through guest speakers and mentorship with residents, fellows, and faculty active in organized medicine.
- Integrating advocacy into RIGs (e.g., Advocacy Chair) may improve engagement and create direct links to MSS leadership.
- Providing non-voting student seats on state society advocacy committees may further increase awareness and promote early involvement in organized radiology advocacy.

References

1. Jin MX, Kidwai AZ, Wu MJ, Frageau J, Tan K, Keir G, Amoateng EJ, Feigin K. Radiology advocacy: Promoting collaboration between trainees and professional societies. *Current Problems in Diagnostic Radiology*. 2024;53(4):445-8. doi: 10.1067/j.cpradiol.2024.03.007
2. Fleishon HB. Advocacy in radiology. *Journal of the American College of Radiology*. 2014;11(8):751-3. doi: 10.1016/j.acra.2026.01.027