Dear Esteemed Members,

Season’s Greetings!

It gives me immense pleasure to communicate with you through the Indian Journal of Radiology and Imaging, as the President of IRIA.

I have been associated with the journal since the last two decades as a reviewer and as a member of its editorial board. I feel a tremendous sense of pride that it is now a widely respected and read, PubMed indexed Radiology journal across the world.

First of all, I want to congratulate IRIA Gujarat chapter, for a successful National Conference in Gandhinagar. Everything from the academic sessions to the hospitality was perfect.

Being President IRIA to me means striving for the betterment of IRIA and its members. It means positive contribution at all times. I intend to continue the legacy of IRIA. I RIA constitution has two main objectives. One is to promote the study and practice of diagnostic radiological and imaging modalities. Other is to protect and preserve the interest and welfare of its members. I shall continue to be dedicated in the same way, as I have demonstrated my commitment towards the organisation as well as the radiologist fraternity over the years, whether at State, ICRI, or IRIA level.

During my tenure key points in my agenda would be as follows

**White Paper on Artificial Intelligence in Radiology**

Artificial Intelligence is permeating our personal and professional environment. Considering the rapid rate of technological advances in this field and the large impact they will have on radiology, I propose a White Paper on Artificial Intelligence in Indian Radiology by the IRIA.

Breakthroughs in medical imaging technology and research have led to exponential growth of medical imaging data stored in digital format over the past two decades. It is critical that radiologists participate and lead in the implementation of data-driven systems.

I intend to create a working group that will help in the formation of this white paper. The aim of this working group will be to:
1. Carry out research and examine the potential impact of AI in Indian Radiology
2. Define Essential AI terminology
3. Act as IRIA spokespeople regarding its use in radiology
4. Structuring guidelines for clinical applications and implementation of AI in radiology.

On the first day of the 73rd national conference of IRIA, we had a terrific session, where we discussed the impact of AI on Radiology, especially in India. The unanimous decision was that machines will never be able to replace the human touch.

**Turf erosion and turf expansion**

All of us have faced the threat of turf erosion. Few clinicians recognize the quality training of a Radiologist. We as a community need to tactfully deal with this problem. Sub-specialization will not only arrest the increasing turf war but also help to expand our turf.

**Sub-specialization in radiology**

Global trends have seen a rise in sub-specialization in healthcare and more so in radiology. In India, we neither have enough training programs for sub-specialists nor befitting jobs for them. IRIA and ICRI have been continuously working in this sector. I am aware that the transition is difficult and the process is long-drawn. I fully intend to carry on the work of setting up a platform...
for General Radiologist to move a notch above to a sub-specialist. Not only in Foetal Radiology but also Neuro Radiology, Chest Radiology, Musculoskeletal Radiology, Minor Interventions, etc.

IRIA will also strive to work with the government to create sub-specialty departments in India.

**Outreach program**
Radiology is one of the fastest-growing fields in medicine. Most of us, who stay in metros and towns, have a wide availability of good teaching courses through which we are able to streamline with the changes and reinvent ourselves. However, IRIA has its members spread across the country, some in very remote areas. They do not have easy access to good learning activities.

Outreach program for such radiologists continues to gain momentum.

Several dedicated teachers having been sacrificing their valuable time and reaching out to such places to share their knowledge and skills with these members. This has provided the radiologists opportunities to update themselves. I congratulate ICRI for the commendable job done so far.

We will continue to reinforce the Program so that our radiology community can benefit as a whole.

**Mentoring the Young Radiologists**

Inspired by the success of the Outreach Program, I am proud to announce the Mentorship Program.

It will be an innovative program that through the online platform, links radiology students in India with successful Radiologists around the world. One-on-one interaction is the oldest form of teaching.

Mentor Program will provide encouragement and guidance to the mentees.

I have connected with more than 100 Indian Radiologist friends and colleagues, spread across the Globe. They have shown a keen interest in Mentoring Radiology students in India. The mentors will serve as role models and teach and motivate their mentees to achieve their professional and academic goals.

Mentees will be typically selected from 2nd, 3rd, and 4th-year radiology students, who will benefit from this mentoring relationship in their career and professional development. The Mentor and Mentee can communicate with each other through phone, email, WhatsApp, video calling, etc.

We, radiologists, are from an era when Indian Radiologists were regarded as mere photographers. There was very less interaction with patients. We are the first to diagnose a patient and so, with clinical judgment fading, we need to inculcate the habit in the students to be at the forefront of patient management. They should talk the same language as clinicians. I believe the mentors are better equipped for this because they work in the same environment abroad. Mentors will also instill research and publication habits in students.

Mentors, in turn, will benefit by achieving intellectual stimulation and personal gratification from giving back to their country and profession.

**PCPNDT**

PCPNDT is a law with righteous objective, to prevent pre-conception and pre-natal sex determination and thus preventing female feticide. Despite the righteous objective, the implementation of PCPNDT is an issue. The ground level authorities have focused more on clerical errors rather than the broader picture. This has led to many instances of harassment of radiologists. For the uniform implementation of the act, I propose 4 Ps:

1. Prevention by way of coaching Radiologists
2. Protection by providing legal assistance
3. Procedure for uniform implementation of the law
4. PCPNDT Incidence Registry to collect data on PCPNDT violations.

We are accountable both to the people and to the medical profession; therefore we will help the government to achieve its objective of “Save the Girl child”, but without unnecessary harassments to the Radiology community.

**Digitization**

All of you are well aware that digital transformation is revolutionizing every industry. Everything is just a few clicks away and so should be the communication between IRIA and its members. The portal is live now and I congratulate Dr. Hemant Patel and his team for diligently working on this project. This portal will speed up the processes of:

1. Membership enrolment
2. Social Security application
3. Accessing information on conferences and teaching programs across India, etc.

**Membership drive**

Currently out of 20,000 plus radiologists practicing in India only about 17,000 are members of the IRIA. The younger radiologists have not been as quick to join the association. Maybe the procedure has been a little complicated for them. As the process of membership becomes digital my aim would be to encourage all of them to join IRIA and keep the unified voice of the organization loud and strong.
At this juncture I would appeal to all the members to encourage their colleagues and fellow radiologists to join this membership drive.

**The Entrepreneur Radiologist- A Master of All Trades**

History of radiology has been witness to a plethora of changes. But these changes have been possible only when the previous model has been financially successful in providing for new technology. Our radiologists cannot just remain in a “radiology box”. They also need to be some sort of financial wizards, otherwise, without reliable volume and predictable income how can they keep pace with the ever-changing radiology trends and plan for a secure financial future?

Entrepreneurship has been a daunting challenge for radiologists. It is due to the fact that in medical schools they are being taught academics and the depths and heights of the subject. But these temples of learning fail to equip students to tackle challenges ranging from setting up a practice to establishing its viability and also financially be ready for the next upgrade. To overcome the radiologists’ dilemma, a platform needs to be set up at the IRIA level, which can inform and guide them to set up good practices. They can be informed of the current trends, appropriate machine selection, ethics of practice, etc.

**Social Obligations**

RAKSHA- “Save the girl child”, has been an important initiative of IRIA.

The gravest issue which India faces at present is a skewed sex ratio on account of discrimination of women. It is a social issue and not really associated with radiologists. However, because of the kind of work we do, we are often blamed for some untoward incidences.

IRIA will encourage its members in “Save Girl Child Campaign”, and take strict action against Radiologists indulging in unlawful activities. I really do wish we are able to achieve our goals fast so that a program like RAKSHA is no longer required by our little girls!

**Woman empowerment**

Women have a great ability to be multifunctional. They can be amazing wives, mothers, and exceptional Radiologists. To empower our women radiologists and young talent embarking on their career, IRIA shall conduct National Women’s Imaging CMEs, special training programs, and conferences, where both the organizers and faculty will be women.

**Social security**

As busy individuals, we sometimes forget that we are mortal entities and hence do not take necessary steps to fortify our family’s future. Dr. Suresh Sabu has been instrumental in the implementation of social security for IRIA members. He has done a commendable job. I intend to strengthen his shoulders by extending full co-operation to him and providing him with some helping hands.

I appeal to all members of the IRIA to take advantage of this beneficial scheme.

In conclusion, I pledge to serve the IRIA at all times in the spirit of fidelity and commitment to the common good and in accordance with the purpose and principles of IRIA.

At this juncture, I would like to twist the words of Lord Tennyson and say “So much to do… so little time.”

I request your active participation during my tenure because without your help and support I can do very little.

Long Live Radiology!

Long Live IRIA!

Jai Hind!

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**Conflicts of interest**

There are no conflicts of interest.

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