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British Society for Interventional Radiology - Advocating for Education and Research

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Interventional radiology, or image-guided surgery, is an expanding specialty in the United Kingdom. In most hospitals we are building a reputation as an effective and cost-conscious field that has the potential to treat and contribute to the management of a wide range of diseases. However, there are some serious concerns to be faced by interventional radiologists in the immediate future.This article provides insight into the situation in the UK for interventional radiologists, and how the discipline is regarded and is developing.

Interventional radiologists are doctors who specialise in performing image-guided minimally invasive surgery, replacing traditional surgical operations and reducing morbidity, mortality and hospital stays. The interventional radiologist interacts with many specialist groups in the hospital environment and there are now IR techniques used to treat a wide range of conditions involving blood vessels, the brain, the liver, the biliary system, the gut, the chest, obstetrics and gynaecology, the urinary tract as well as a wide range of musculoskeletal conditions.

As a long-term advocate of the field of interventional radiology, I have witnessed many new developments becoming standard treatments. I was first inspired to pursue this career in 1986 despite the challenge of first completing FRCS and FRCR (surgical and radiological qualifications) and taking on dual fellowships in the subspecialty alongside some of the leading pioneers of our specialty including Prof. Joachim Burhenne (Vancouver) and Prof. Andy Adam (London). This compounded my belief that much of the future of surgery was going to be minimally invasive.

British Society of Interventional Radiology (BSIR)

The British Society of Interventional Radiology aims to promote interventional radiology and support education and research within this field. The society organises an annual scientific meeting and helps to promote other educational activities. It also co-hosts the Endovascular Forum, a bi-annual meeting, along with the Vascular Society of Great Britain and Ireland. As President of the BSIR, I represent and advocate for my specialty. I have served on the council of the BSIR since 1998 and the last ten years has seen a great number of changes with rapid technological advances.

The society has grown exponentially since it was first set up in 1988 when 78 members attended the first BSIR meeting in Stratford. The society is active in the field of audit and research developing several registries and has been involved in several national randomised trials. Membership is now well over 400 with approximately 650 people attending the most recent annual BSIR conference in Glasgow.

The society runs a website (bsir.org) to keep members informed of current events and to allow exchange of ideas, experience and progress in interventional radiological techniques. The website also seeks to inform other healthcare practitioners and the public about our practice and the types of procedures we undertake and how they might compare with other treatments. The website is interactive and feedback or comments from all users is encouraged.

Challenges Faced by UK Interventional Radiologists

One of the problems is that we are a small specialty and many UK interventional radiologists also have major commitments in diagnostic radiology. One of the challenges has been getting interventional radiologists to become more clinically involved with the patient. In order for interventional radiology to continue growing and have a role in modern patient management the discipline needs to embrace complete patient care from a more broader aspect. We need to be involved in accepting primary referrals, running outpatient clinics for new patients and following up our patients. We need to get away from the concept that we are just technicians.

Future of Interventional Radiology

We are a relatively new discipline which has grown out of the field of diagnostic radiology. This has created problems with the perception of the ability of interventional radiologists to provide complete patient care. However, many have taken on the role of the primary clinician, in a multidisciplinary setting, accepting primary referrals, running outpatient clinics and following up their own patients. In addition, many interventional radiologists have been great innovators and have developed techniques and treatments that are now mainstream patient care. I hope this trend continues and I look forward with anticipation to see what advancements the next generation of new trainees bring. With this in mind, we are developing certain measures to ensure future stability for this next generation.

The BSIR has developed a new curriculum for specific IR training. The Royal College of Radiologists (RCR) here in the UK has worked hard to provide more specialised training based on the trainees preferences (Focused Individual Training – FIT) which will enable fast-track training. In addition the BSIR has been active in developing guidelines for the provision of future services, particularly in the field of emergency vascular disease and obstetrics.

There is plenty of opportunity for young trainees who choose to specialise in IR. Previously, radiology attracted much interest from medical students and junior doctors as it was seen as a good lifestyle option. The modern hospital based interventional radiologist is more procedure-based involved in 24-hour patient care. Also, the field of IR is expanding into several new territories, particularly in the fields of oncology and gynaecology. Interventional Oncology (IC) is a rapidly expanding field involved in the whole gamut of patient care. From the delivery of targeted chemotherapy to guided tumour ablations new treatments are appearing all the time and being refined and developed. With advances in gene therapy and nanotechnology the interventional radiologist who can guide his microcatheters into the most difficult places and will be in high demand.

Increasing UK Coverage

During my term as President many projects are coming or have come to fruition. I feel the biggest challenge we face is to ensure hospitals in the UK provide a 24/7 service of high quality covering all aspects of interventional radiology. How this is achieved with current staff shortages will require considerable determination and strength of mind of many dedicated individuals. Officers of the BSIR in the UK at the invitationof the Royal College of Radiology have been in discussions with the Vascular Society of Great Britain and Ireland and the Royal College of Surgeons to try and establish a joint training programme. This is aimed at offering improvements in patient care and emergency safe cover across the full spectrum of interventional and surgical procedures currently provided by radiologists and vascular surgeons. This hopefully will ensure provision in the future of high quality 'image guided surgery' and prevent many of the turf war battlesthat have occurred and are occurring in other parts of Europe and the USA.

Conclusion

Working in the National Health Service (NHS) in the UK within a public healthcare system has created a situation where, in most instances, there are excellent working relationships between interventional radiologists and a wide range of clinicians. Instead of surgeons cherry-picking the most lucrative procedures for themselves and tossing the leftovers to the interventional radiologists, patients are being sensibly discussed in a multidisciplinary environment in which the interventional radiologist is an equal contributor. Consequently decisions about patient management and treatment strategies are based on the best care for them and not on financial reward. If this unbalanced system evolved in the UK, as it has in other countries, then interventional radiology could be seriously disadvantaged in the future and it could lead to disharmonisation of the specialty. I hope that in the UK, the BSIR remains well-positioned to fight for the future of IR and work towards the best possible patient management.

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