British Society of Interventional Radiology
The Royal College of Radiologists
63 Lincoln's Inn Fields
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INTERVENTIONAL RADIOLOGY – A STRATEGIC PLAN

The British Society of Interventional Radiology (BSIR) exists to advance the practice of Interventional Radiology (IR) to improve outcomes for patients.

The Society is committed to creating a world where every patient receives the best treatment from an appropriate specialist.

1. BSIR VALUES

The BSIR's values guide how we want to go about achieving the Society's strategic goals. These values exist to demonstrate how the Society wants to engage with members and stakeholders. They also reflect the community that we are striving to build in Interventional Radiology.

Innovative

We think creatively, embrace new devices and digital technology, develop new ideas and learn from their implementation.

Collaborative

We work well together, internally and externally, to achieve improvements in patient care.

Inclusive

We value the diversity of the IR team and seek to include everyone in the future of IR.

2. BSIR STRATEGY

The BSIR long-term strategy aims to improve all aspects of IR to benefit patients, to enable IRs to improve their practice, and to give a greater voice to IR in the UK. BSIR has five strategic goals as a society:

1) Improve patient care and safety

1.1 Facilitating IR clinical practice

At present, while it is theoretically possible for IRs to practise as clinicians, the implementation of a clinical pattern of practice is patchy, especially at a time when there are huge pressures relating to the diagnostic radiology (DR) workload. Current delays and gaps in follow-up carry significant risks for patients, for example, when potentially treatable residual tumours after ablation become untreatable.

Following recent publications sharing the benefits of IR Day Case Units, there has been some progress in the implementation of Day Case units across the UK, but it is by no means consistent across the country. Moreover, the 2023 IR census indicated that access to Day Case and inpatient beds had fallen between 2022 and 2023.

Wherever IRs work, in university hospitals or district general hospitals, it should be their right to practise as a clinician for the benefit of patients, not a matter of internal individual negotiation or good will.

Our goal is that all Trusts/Health Boards are mandated to provide allocated time in job plans to enable IRs to see all patients properly in outpatient clinics, and not just before and after procedures.

1.2 Enabling patient and public engagement

Current awareness of interventional radiology is low amongst IR stakeholders, patients and the public. This creates challenges and barriers in ensuring consistency in the availability of, and access to, minimally invasive image-guided surgical treatments across the healthcare landscape.

Historically, BSIR has delivered limited work in this space, focussing mainly on providing patient information leaflets online. The strategy development process has identified opportunities to embed meaningful patient involvement, promote patient support groups and engage with the media to raise public awareness of IR. Over time, the BSIR Communications Committee will increase their focus on patients as a target audience for BSIR.

Our goal is to increase patient and public awareness of interventional radiologists and the treatment options they provide.

1.3 Influencing stakeholders

The RCR workforce census in 2023 highlighted that the widening gap between the capacity of the IR workforce and the increasing range and complexity of IR treatments being provided is leading to delays for patients and reduced capacity to train the next generation of IRs, as well as burnout within the IR community.

In partnership with the Royal College of Radiologists, BSIR aims to ensure that IR becomes a healthcare priority for local and national decision makers. In collaboration with our key stakeholders, BSIR will advocate on behalf of the IR community, enable evidence-based policy calls, and offer expert advice and input to our partners, in order to improve systems across the NHS.

Our goal is to work with the government and the NHS to inform policies and processes that will improve the working environment for the IR community and ultimately offer better care to patients.

2) Improve IR workforce planning

2.1 Increasing recruitment to IR

The number of IRs in the workforce needs to increase to meet ever increasing patient demand and the requirement for 24/7 coverage of life-saving procedures.

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As a sub-specialty under Clinical Radiology, trainees are confused by the choice between IR and DR as they enter the radiology training scheme.

The CR(I) ST1 pathway has improved the situation but has not resolved it. Moreover, the number of CR(I) ST1 trainees year on year is reducing not increasing, indicating that although a very worthy initiative when it was introduced by the RCR three years ago, this is not as yet producing the desired increase in run through CR(I) IR trainees. The influence on numbers of the ability of applicants to preference IR ST1 pathway, which is at a late stage in the process of admissions, is unknown.

Evidence from the USA since IR became a US primary specialty within the American Board of Radiology, suggests that providing a clear and separate identity for IR from DR can increase the visibility of IR and drive a significant increase in recruitment.

IR status relies on self-identification. It is not possible to count the number of IRs with any accuracy and as a result impossible to plan workforce needs.

Our goal is to create a clear IR identity, separate from DR, while recognising the innate value of DR in IR training.

2.2 Enabling key decisions for IR to be taken by IRs

At present, decisions about IR are taken by people who do not always understand IR in depth. At the national level, the majority of senior RCR officers are DRs.

At a local level, Radiology Clinical Directors are also often not IR specialists. Meaning that at present, CDs are not required to mandate clinical practice time for IRs, nor obliged to offer even life-saving IR procedures, such as arterial embolization and percutaneous nephrostomy, on a 24/7 basis.

Our goal is to establish national, regional and local structures whereby IRs are easily identified and responsible for decision making about IR.

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3) Improve IR education and training

3.1 Enabling IR to produce its own curriculum

The current IR curriculum is produced and owned by the Royal College of Radiologists.

There is no doubt that DR training is critical to becoming a competent IR, and that IRs will always need to ground their learning and practise in DR. A dual-certified curriculum, designed by IRs, with input from DR, would modify and enhance relevant subjects, reduce less needed subjects, and introduce training (and exams) in techniques and equipment.

The production and ownership of the IR curriculum would enable IRs to more effectively flex the curriculum to reflect changing training needs, which is required by constantly advancing technologies including the introduction of AI into IR.

Our goal is to establish dual certification for all IRs, through a curriculum owned by IR specialists.

3.2 Appropriately training the workforce supporting IR

Whether a full time IR or a DR/IR, who may spend 20% of their time in IR, the effective delivery of IR procedures is not possible without the rest of the IR team (including nurses, radiographers, anaesthetists, ACPs and AHPs), as well as the support of other clinical specialities.

It is imperative that all members of the IR team are supported through appropriate training and education which should be facilitated by IRs, in collaboration with other relevant stakeholders. BSIR supports dedicated IR Nurses and Radiographers through their Special Interest Committees and is committed to supporting growth in this area.

Our goal is to empower the entire IR team to optimise their IR practise to provide the best care to patients.

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3.3 Supporting ongoing professional development

The continuing professional development of IRs, and the wider IR team, is an area within which the BSIR plays an important role. BSIR supports IRs by producing, or circulating, Clinical Practice Guidelines to promote optimal practice. BSIR also supports the IR team at all stages of their career pathway by providing Educational & Training events, as well as enabling CPD accreditation in partnership with relevant stakeholders.

Engagement with the European IR speciality exam, EBIR, is high amongst UK IRs. As this accreditation becomes more established, this is likely to create more demand in the job market for IRs with a specialty accreditation.

Our goal is to increase the number of UK IRs achieving their EBIR qualification each year.

4) Build IR research capability

4.1 Stimulating IR-led research

For IR to thrive, research is central to growth in IR. Without high quality outcomes evidence produced by research, IR procedures will never make it into official treatment guidelines.

The role of the BSIR is to stimulate IR-led research and to support knowledge sharing through skills development.

By offering research grants/ bursaries, forming partnerships with industry and stakeholders, enabling registries for index IR procedures, the society will continue to support research activity within the IR community in the UK.

Our goal is to identify IR research priorities and galvanise the IR community to work together and instigate research in these areas.

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4.2 Enabling research knowledge-sharing

Currently, the visibility of the level of IR research activity across the UK is limited. The Society aims to promote research awareness and support research collaborations and networking at a local and national level.

Through scientific meetings, workshops, webinars and online tools, BSIR will aim to inspire IRs at all levels to develop a research-active practice, promoting and providing resources to enable research networks and multi-centre projects to develop across the UK.

Our goal is to increase IR investigator-initiated research going forward.

5) Develop the BSIR for its members

5.1. Improving membership value

BSIR is committed to meeting the needs of our members and to strive to constantly improve the value that is offered to the membership. This will include better understanding the needs of our members and identifying opportunities to provide them with the support that they require.

Within IR there are several special interest groups, based on career stage (such as Trainees and Juniors) and on specialist interests (such as paediatric IR, interventional oncology, vascular anomalies and vascular IR) which the Society aims to serve as best it can through the Special Interest Committees.

Our goal is to personalise our value proposition to each, and every member based on their career stage and IR specialism.

5.2 Increasing society income

In order for the BSIR to be able to support all of its ambitions in this strategy, it is recognised that new income streams and resources will need to be developed to make these a reality.

The Society requires and receives support from industry partners to deliver events and training. New opportunities to collaborate with industry around R&D will be explored to ensure mutual benefits for partners and the Society going forwards.

As public and patient awareness of IR grows, opportunities for securing donations and other channels of support for the BSIR will be likely to develop and will be pursued by the BSIR.

Our goal is to increase BSIR's annual income, to enable investment in new initiatives, to drive forward the BSIR mission.

3. IR Status in the UK

Current sub-specialty status

In the UK, interventional radiology (IR) is a subspecialty of radiology within the Clinical Radiology (CR) Faculty of the Royal College of Radiologists (RCR). Undeniably, there are both benefits and drawbacks to being a subspecialty of radiology.

The benefits to IR of the current arrangement are that IR exists under the umbrella of an internationally recognised professional organisation and IRs are fully trained and accredited in diagnostic radiology (DR).

However, many IRs do not consider that the RCR recognises fully all of the needs of IRs, especially in relation to clinical practice and with regard to their interaction with other specialties.

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Proposal for an IR Faculty with the RCR

The BSIR strategy themes aim to improve all aspects of IR to benefit patients, to enable IRs to improve their practice, and to give a greater voice to IR in the UK.

It is clear to the BSIR that all five strategic themes are underpinned by enabling greater specialisation of IR. As such, the core objective of BSIR's long-term strategy is the creation of an IR Faculty within the RCR. If achieved, IRs would obtain dual certification in IR and DR, as occurs in the USA.

While there are significant challenges to achieve an IR Faculty, the BSIR believes that an IR Faculty, delivering dual DR/IR certification, would enhance working relationships between IR and DR, positioning the RCR at the forefront of the NHS's move towards minimally invasive surgery.

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