

SHORT ABSTRACT

Interventional Radiology in 2018: Training, Abilities and Critical Place in the Department of Radiology

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Interventional Radiology (IR) training in 2018 across Europe varies significantly. Until recently, most European countries did not have a dedicated IR training program, but a trend towards the development of dedicated IR training as part of or an extension of general radiology training is evolving. For example to become an interventional radiologist, a specific pathway now exists in the UK and the Netherlands. However, neither a uniform set of basic skills and knowledge for IRs on a European-wide basis is established, nor is there a uniform or comparable exit exam. The European Board of Interventional Radiology (EBIR) exam, which is run by the Cardiovascular Interventional Radiology Society of Europe (CIRSE) and takes place twice a year at the annual European Congress of Radiology and CIRSE meetings, aims at filling this void and strives for further harmonization of IR training and examining across Europe. The exam is based on the European IR curriculum and syllabus that has been developed by CIRSE setting, amongst others, the basic skills and knowledge for interventional radiologists.

IR has been evolving into a much more clinical specialty in the last decade with many aspects being distinctly different from diagnostic radiology, which commands the development of a dedicated pathway in IR training. IR requires different skills, which requires a considerable amount of hands-on time performing a variety of procedures to reach proficiency. IR also requires peri-procedural skills that, again, are different from diagnostic radiology. These include such as seeing and examining the patients in the outpatient clinic, performing ward rounds, managing medications, such as antibiotics, anti-coagulants and systemic anti-cancer agents, as well as managing appropriate peri-procedural analgesia and sedation. A good basis

of diagnostic radiology remains essential to become an IR as most procedures require integration of an excellent knowledge of all types of pre-procedural imaging and per-procedural use of real-time imaging such as ultrasound, angiography and fluoroscopy (computed tomography). Different training models can be applied for obtaining this knowledge and these will be discussed during the lecture.

With the ongoing evolution of IR, its place within the radiology department is also subject to change. Further specialization (which also occurs within diagnostic radiology) has led to the practice of IR on a full-time or an almost full-time basis, which carries the risk of becoming detached from diagnostic radiology. However, most IRs are still part of the radiology department because they practice diagnostic radiology to some extent and as a result of historic ties as well as the mandatory access to imaging equipment and interventional rooms that are usually within the radiology department. Different existing or evolving models for the place of IR facilities in the radiology department will be discussed. The trend to organize health care around certain diseases rather than around medical specialties impacts IR, as different medical specialties including IR integrate into disease-oriented groups of caregivers. Lastly, IR procedures are increasingly starting to gain interest from other – potentially competing – specialties. It is therefore vital that IR and diagnostic radiology promptly establish dedicated IR training programs and sustainable practice models, to benefit from the possibilities and opportunities of IR and face potential threats from other specialties.

Competing Interests

The author has no competing interests to declare.

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