

# Interventional Radiology is a Clinical Discipline: The UK Provision of Interventional Radiology Services 2023 Document

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## Introduction

Clinical Practice is an essential component of interventional radiology (IR). The pioneers of our discipline stressed at its inception that interventional radiologists must embrace all aspects of patient care to avoid being regarded as technologists and abdicate IR procedures to other clinical specialties [1]. Despite this, clinical practice in IR has been relatively slow to develop since those early recommendations. However, the last two decades has seen an acceleration in the uptake of all aspects of clinical practice by interventional radiologists worldwide. This has coincided with several key publications on clinical practice for IRs including the CIRSE Clinical Practice Manual [2], the Global Statement defining Interventional Radiology [3] and a recent editorial in CVIR Endovascular by current CIRSE President, Prof Christoph Binkert [4].

Implementation of clinical practice policies into the professional approach and daily workload of interventional radiologists requires education and reinforcement by IR societies by means of educational sessions at IR congresses, dedicated webinars, and publishing material. Additionally, national IR societies should advocate the adoption of clinical practice strategies to their local interventional radiology populations and there are several examples of national IR societies that do this.

The British Society of Interventional Radiology (BSIR) publishes the United Kingdom Provision of Interventional Radiology Services (POIRS) document in this edition of Cardiovascular and Interventional Radiology [5]. This is the third iteration of this document and aims to cover all relevant aspects of IR for interventional radiologists in the UK. To reflect ongoing developments in IR practice since the previous edition was published in 2019, the third edition includes substantially more material on clinical practice issues, new sections on women in IR, research in IR, pediatric IR, out of hours network cover for IR, day case procedures, access to inpatient beds for IRs and a discussion on specialty status for IR.

Although the document has been produced for interventional radiologists working in the UK, the topics covered therein are generic to IR; and the vast majority of the material is applicable to interventional radiology practice wherever IRs work in the world. The document can be read alongside recent documents such as the abovementioned CIRSE Clinical Practice manual.

The CIRSE leadership published the article “Specialty Status for Interventional Radiology: The Time is Now” in 2014 [6]. Since the publication of that article, several European IR societies have aspired to becoming primary IR specialties in their individual countries. Although national societies continue to work to achieve this aim, the road to achieve primary specialty status is not an easy one and the process differs in each country.

Primary specialty for IR increases the capability of IRs to have ownership and control of their patients, and to be instrumental in decisions to increase the IR workforce and national IR trainee numbers. Most importantly, specialty status increases the power of IRs to be key players in the decision-making process for patients, which inevitably improves patient safety. While specialty status is not

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essential for IRs to exercise clinical practice principles in their daily IR routine, there is no doubt that specialty status for IR enhances the ability of interventional radiology practitioners to do so.

All interventional radiologists should introduce clinical practice into their daily work. Clinical Practice is such an essential component of interventional radiology that papers such as the Provision of Interventional Radiology Services 2023 document published in this journal are especially important tools to reinforce the message that Interventional Radiology is a Clinical Discipline.

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**Conflict of interest** The author declares no conflict of interest.

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#### **References**

1. Dotter CT. Transluminal angioplasty: a long view. *Radiology*. 1980;135:561–4.
2. Mahnken AH, Boulosa Seoane E, Cannavale A, de Haan MW, Dezman R, Kloeckner R, O’Sullivan G, Ryan A, Tsoumakidou G. CIRSE clinical practice manual. *Cardiovasc Intervent Radiol*. 2021;44(9):1323–53.
3. Kaufman JA, Reekers JA, Burnes JP, Al-Kutoubi A, Lewis CA, Hardy BW, Kuribayashi S. Global statement defining interventional radiology. *Cardiovasc Intervent Radiol* 2010;33:672–4.
4. Binkert C. Fostering clinical practice in IR regardless of (sub)specialty status. *CVIR Endovasc*. 2023;6:23.
5. Provision of Interventional Radiology Services 2023. *Cardiovasc Intervent Radiol*. 2023.
6. Lee MJ, Belli AM, Brountzos E, Morgan R, Reekers J. Specialty status for interventional radiology: the time is now. *Cardiovasc Intervent Radiol*. 2014;37:862.

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