



British  
Society of  
Interventional  
Radiology

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# Impact Report 2024-25





# British Society of Interventional Radiology Impact Report 2024-25

Interventional radiology (IR), as a minimally invasive image guided discipline, has come a long way since the first angioplasty procedure performed by Charles Dotter in 1963. Today, IR performs a major role in the provision of minimal access procedural practice in hospitals throughout the UK. The British Society of Interventional Radiology (BSIR) was formed in 1988 and includes among its membership - IRs, IR trainees, IR nurses, and IR radiographers. The BSIR exists to advance the practice of 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.

With increased responsibility for elective and emergency procedural care, the need for IRs to move away from simple proceduralists to provide a more rounded pastoral role in hospitals has become evident. The requirement of the BSIR to oversee and encourage this change in role for IRs mandates an overhaul of the Society aims to provide the best guidance and representation for its members, radiology and clinical colleagues and for patients.

In 2024, the BSIR Executive Officers started a process of consultation with its Society and Special Interest Committees to explore a long term strategy for IR in the UK. This strategy was launched to members in March 2025, followed by a series of Roadshow events around the UK to garner views and ideas from the membership about how this strategy should be implemented.

In 2024-25, the BSIR Executive Officers, staff team and vibrant community of Committee volunteers (referred to collectively as BSIR throughout this document) have started to make progress against the five pillars of the BSIR Strategy to advance the practice of IR in the UK towards the strategic goals.



**BSIR President:**

**BSIR Vice-President:**

**BSIR Treasurer:**

**BSIR Secretary:**

**BSIR Past President:**

Professor Robert Morgan

Dr Raghu Lakshminarayan

Dr Ram Kasthuri

Professor Tze Wah

Dr Phil Haslam

**Co-opted Executive Officer, IR GIRFT Lead:**

**Co-opted Executive Officer, RCR IR Committee Chair:**

**Co-opted Executive Officer:**

**Co-opted Executive Officer:**

Dr Alex Barnacle

Professor Malcolm Johnston

Professor Mo Hamady

Dr Ian McCafferty

**Chair, Audit & Quality Committee:**

**Chair, Communications Committee:**

**Chair, Education & Training Committee:**

**Chair, Equality, Diversity & Inclusion Committee:**

**Chair, Research Committee:**

**Chair, Scientific Programme Committee:**

**Chair, Interventional Oncology (IOUK) Special Interest Committee:**

**Chair, IR Juniors Special Interest Committee:**

**Chair, Nurses & Radiographers Special Interest Committee:**

**Chair, Paediatrics Special Interest Committee:**

**Chair, Trainees Special Interest Committee:**

**Chair, UNITE Collaborative Special Interest Committee:**

**Chair, Vascular Special Interest Committee:**

**Chair, Vascular Anomalies (VASIG) Special Interest Committee:**

Dr Simon Travis

Dr Yuri Gupta

Professor Hans-Ulrich Laasch

Dr Saira Sayeed

Dr Lakshmi Ratnam

Dr Matthew Gibson

Dr Peter Littler

Dr Lucy McGuire

Assistant Professor Kayleigh Hizzett

Dr Nasim Tahir

Dr Jade Scott-Blagrove

Dr Deevia Kotecha

Professor Mo Hamady

Dr Joe Brookes

**CEO:**

**Governance & Membership Director:**

**Events and Communications Manager:**

Mrs Nike Alesbury

Ms Julie Ellison

Miss Abbey Templar Phillips

**With thanks to all BSIR Committee members and the BSIR NICE Liaison Panel.**

# IMPROVE PATIENT CARE AND SAFETY

## 1.1 Facilitating IR clinical practice

Interventional radiologists are not procedural technologists and there is an increasing requirement from official bodies that IRs should act as clinicians (accept direct referrals, see patients in pre-procedural clinics to take consent, follow-up patients post procedure). 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 from hospital management.

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, on the wards, and not just before and after procedures.

In the past year, BSIR has:

- reviewed and provided feedback on a paper outlining job plan recommendations for IRs, co-authored by BSIR Vice-President, Dr Raghu Lakshminarayan.
- built relations with the Royal College of Surgeons Edinburgh, through the BSIR Education & Training Committee, to widen Faculty and participation in their Non-Technical Skills for Surgeons (NOTSS) programme.
- announced funding for 5 free registrations on a UK NOTSS course in the coming year.
- included a session on non-technical skills in the BSIR 2025 programme to build awareness and competency in clinical skills.
- delivered a survey to IR TPDS and Trainees regarding potential for a clinical Work Based Assessment to be embedded in Kaizen.

In the coming year, BSIR will explore ways to:

- improve job planning for IRs which includes clinical practice.
- improve coding and tariffs for IR procedures which accounts for clinical practice.
- ensure trainees are engaged in IR as a clinical specialty.
- improve the consent process for IR patients.
- create tools to help IRs in clinics.

## 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.

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

In the past year, BSIR has:

- funded a Research Bursary which included the creation of a PPI group, as a pilot for establishing a patient group which may support research grant applications in the future, through Dr Paul Jenkins, a member of the Research Committee.
- updated all patient information leaflets on the BSIR website. Led by the Communications Committee, these are now available to download on the BSIR website for patients and healthcare professionals.
- benefitted from valuable patient contributions to sessions in the programmes at the Paeds IR UK meeting in May and BSIR 2025 in Liverpool.

In the coming year, BSIR will explore ways to:

- identify meaningful opportunities for patient and public involvement by working with an external specialist.
- engage with national media to raise the profile of IR.
- build a patient network.
- develop tools to support IRs with patient and public involvement.

## 1.3 Influencing stakeholders

The BSIR aims to ensure that IR becomes a healthcare priority for local and national decision makers. In partnership with the RCR, the BSIR will work with key stakeholders to represent the IR community, support evidence-based policies, and provide expert guidance to partners to improve NHS systems.

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.

In the past year, BSIR has:

- attended the All-Party Parliamentary Group (APPG) on Vascular and Venous Disease parliamentary drop-in event (Dr Raj Bhat on behalf of the BSIR Vascular Special Interest Committee)
- helped to design and circulate an RCR IR survey to identify key priorities and messaging for stakeholder engagement in the coming years.
- co-ordinated and submitted a substantial BSIR response to the NHS 10 Year Plan Call for Evidence.
- inputted into the RCR response to the Leng Review.
- provided a letter of support for NCEPOD funding.
- co-ordinated IOUK responses to proposed changes in the High-cost Tariff-excluded Devices list, arguing for the retention of Radiofrequency, Cryotherapy and Microwave Ablation Probes and Catheters on the list.
- responded to a broad range of consultations relevant to interventional radiology:
  - DHSC: Proposals to extend medicines responsibilities for paramedics, physiotherapists, operating department practitioners and diagnostic radiographers (response from BSIR and BSIR Nurses & Radiographers Committee)
  - NICE HealthTech: NICE consultation on update to PMG36 manual
  - NICE: Consultation on Kidney Cancer Guidance
  - NHSE: draft service specification for specialised hepatobiliary services, including interventional radiology
  - NICE: IP1560/2 Percutaneous insertion of a cystic duct stent after cholecystostomy for acute calculous cholecystitis (IPG720)
  - NICE draft guideline on fertility problems: assessment and treatment
  - Cryoablation for Desmoid-type Fibromatosis
  - Transvaginal Ultrasound-Guided Radiofrequency Ablation (RFA) for Uterine Fibroids
  - NICE HealthTech: programme manual (PMG48)
  - NHS England: Major Trauma Service (Adult and children) service specification
  - NICE: IP1929/2 Percutaneous thrombectomy for intermediate-risk or high-risk pulmonary embolism (IPG778)
  - Endovascular dissection repair following balloon angioplasty for peripheral arterial disease and critical limb ischemia
  - Transvenous embolisation for treating cerebrospinal fluid venous fistula associated with spontaneous intracranial hypotension
  - Percutaneous transluminal renal sympathetic denervation for resistant hypertension
  - Superior rectal artery embolisation for haemorrhoids

In the coming year, BSIR will explore ways to:

- increase representation of IR in parliamentary bodies and groups.
- raise profile of IR with key stakeholders.
- collaborate with other Societies and specialties to raise the profile of IR.
- enable local and regional IR engagement with government.
- improve NICE liaison process to increase the number of relevant consultations responded to.



# IMPROVE WORKFORCE PLANNING

## 2.1 Increasing recruitment to IR

The number of IRs in the workforce needs to increase to meet ever-increasing patient demand, the requirement for 24/7 coverage of life-saving procedures, and the exponential increase in the contribution of interventional radiology to cancer care.

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

In the past year, BSIR have:

- inputted in to designing improvements to the CR(I) ST1 recruitment process through the RCR IR Committee, chaired by Professor Malcolm Johnston.
- sought views of trainee members through the BSIR Trainee Survey on the opportunities and challenges of CR(I) St 1 recruitment (as well as gathering insights in to attitudes to EBIR and clinical skills training).
- gathered views of IR TPDs around the barriers to increasing and filling CR(I) St 1 trainee posts across the UK to enable the Society to support next steps.
- recruited the 2026 Graham Plant Travelling Professor, to promote interventional radiology amongst radiology trainees nationwide.
- supported IR Juniors to deliver a broad programme of educational content, in-person (through RiiSe, NIRS and the Basic Skills Course) and online, targeting Medical Students and Foundation Doctors with an interest in IR.

In the coming year, BSIR will explore ways to:

- increase undergraduate exposure to IR during medical training.
- campaign for IR Faculty within RCR.
- support flexible working patterns in IR.
- build a strong identity for IRs, including those who are not full-time IRs.
- increase number of IR training posts available.
- move towards post-nominal abbreviations for IRs (such as MBSIR).

## 2.2 Enabling key decisions for IR to be taken by IRs

At present, decisions about IR are often taken by people who do not always understand IR in depth or have IR at the forefront of their priorities. At the national level, inevitably, the majority of senior RCR officers are DRs, who have many other issues to address in DR than the needs of IR. At a local level, Radiology Clinical Directors are usually not IR specialists with a few exceptions.

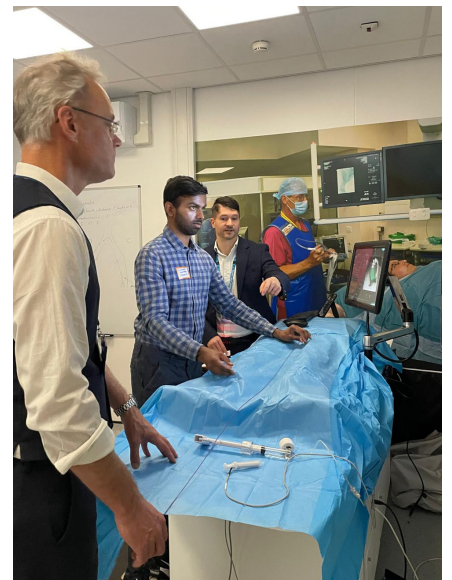
Our goal is to establish national, regional and local structures whereby IRs are easily identified and responsible for decision making about IR.

In the past year, BSIR have:

- run for, and held, positions within the RCR, including Chair of the RCR Faculty Board, Chair of the RCR Academic Committee, Chair of the RCR IR Committee.
- engaged with RCR to understand more about the Clinical Directors network.
- held several Roadshow events to gather opportunities and concerns from the BSIR membership in making the case for Faculty with RCR.

In the coming year, BSIR will explore ways to:

- build closer relationships with IR TPDs and the RCR Clinical Directors Network.
- review and update the Provision of IR Services document.



# IMPROVE IR EDUCATION AND TRAINING

## 3.1 Enabling IR to produce its own curriculum

The current IR curriculum is produced and owned by the RCR. 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 new curriculum, produced by the BSIR in collaboration with the RCR, to focus on IR with relevant DR topics included, would reduce less relevant subjects and introduce training (and exams) in techniques, equipment and relevant clinical skills and competencies.

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

In the past year, BSIR have:

- published the case for a new IR Curriculum in an article in Clinical Radiology detailing the BSIR long term strategy

In the coming year, BSIR will explore ways to:

- collaborate with RCR to review the IR Curriculum (at ST1-3 and 4-6 levels).
- build options for enabling dual certification.
- create tools to support trainees in understanding the curriculum
- develop an IR curriculum for Nurses & Radiographers

## 3.2 Appropriately training the workforce supporting IR

The effective delivery of IR procedures is not possible without the whole 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.

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

In the past year, BSIR have:

- supported the Nurses & Radiographers Committee to deliver their CPD event in March, grow their programme at the ASM, onboard new members in this category (which is the fastest growing for BSIR), and devise new Terms of Reference.

In the coming year, BSIR will explore ways to:

- encourage and enable FY2 involvement in IR clinics
- engage with Nurses & Radiographers in a national recruitment roadshow
- create a communications campaign focussed on the importance of the wider IR team
- collaborate with SCoR and RCN to define specialty IR roles within nursing and radiography
- support new CPD offerings for IR Nurses and Radiographers.

## 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. Whether producing, or circulating, Clinical Practice Guidelines, providing Educational & Training events, or supporting UK IRs to undertake specialty exams, like EBIR.

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

In the past year, BSIR have:

- updated the IR Bleeding Guidance and Duty of Candour statement, through the Audit & Quality Committee
- supported the Trainee Committee to launch a Registrar Study Day online and deliver the BSIR Training Survey 2025
- delivered the Advanced Skills Course (non-vascular edition)
- provided Educational Grants, Essays and Case Studies of up to £16,000 in total to enable access to the ASM
- endorsed the EBIR in a communication to all members, established a new free EBIR preparation workshop at the ASM, and highlighted EBIR sessions at the ASM to support learning.

In the coming year, BSIR will explore ways to:

- support new CPD offerings led by the Trainee Committee (including a new Journal Club)
- find ways to support members with EBIR preparation
- publicise BSIR educational offerings more widely



# BUILD IR RESEARCH CAPABILITY

## 4.1 Stimulating IR-led research

For IR to thrive, research is central to growth in IR. The role of the BSIR is to stimulate IR-led research and to support knowledge sharing through skills development. The BSIR also aims to assist IRs to gain access to research degrees, and to promote academic interventional radiology departments.

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

In the past year, BSIR have:

- written up the 2024 Research Survey (led by the Research Committee, not yet accepted for publication).
- supported Professor Tze Wah in delivering the inaugural launch of Interventional Oncology Network for Research and Innovation Collaboration (IONIC-UK) sponsored by National Institute for Health and Social Care Research (NIHR).
- explored application to the NIHR Incubator Scheme, through the Research Committee.
- updated the Registries Policy.
- part-funded the NVR Fellowship, in partnership with the Royal College of Surgeons and the Vascular Society.
- explored conversations with NCIP regarding potential IR data collection through this platform, led by Dr Neil Gupta.
- awarded £25,000 in research bursaries.

In the coming year, BSIR will explore ways to:

- increase representation on relevant research committees.
- actively promote BSIR funded research bursaries and fellowships.
- establish a research mentoring scheme for IRs keen to get in to research.
- secure funding to support a BSIR Consultant Fellowship or a BSIR Trainee Scholarship in research.
- promote registries start-up funding available through the Research Committee.

## 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, the 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.

In the past year, BSIR have:

- supported the UNITE collaborative in their delivery of the IR Research Day, management of funding for research projects, and promotion at the ASM.
- provided funding for the winning pitch at the Research Dragon's Den at the ASM.
- supported Professor Mo Hamady and Dr Raghu Lakshminarayan in the launch of the inaugural VITALS meeting (Vascular Innovations and Technological Advancements Learning Symposium).
- supported the attendance of international research speakers at the specialist IR meetings and the ASM.
- introduced research abstracts for Paeds 2026.

In the coming year, BSIR will explore ways to:

- promote research bursaries more effectively.
- support more research knowledge-sharing initiatives and workshops.
- promote the UNITE Collaborative more.
- create a repository for key publications authored by BSIR Members.
- establish a James Lind Alliance partnership.
- increase emphasis on research output at BSIR 2026.



# OPTIMISE THE BSIR FOR INTERVENTIONAL RADIOLOGISTS

## 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. 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.

In the past year, BSIR have:

- supported Society and Special Interest Committees by providing secretariat, governance, financial support, communications and end-to-end event delivery
- managed society-wide elections for the Executive Officers, Society and Special Interest Committee positions
- completed the tender process for the ASM PCO
- redesigned and relaunched the BSIR website and communications tools
- launched a new accountancy system to improve efficiency

In the coming year, BSIR will explore ways to:

- make the impact of the Society more visible
- improve website and data capability
- create a more interactive community
- increase awareness of education available in addition to BSIR courses

## 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.

In the past year, BSIR have:

- supported the financial management and corporate engagement with the IOUK Fellowship, with thanks to the IOUK Committee and host sites, particularly Dr Guy Hickson for securing funding to make this Fellowship possible
- launched the Jean Ratcliff Prize for research into colorectal ablation, awarded by IOUK, with thanks to a donation on behalf of Jean Ratcliff.

In the coming year, BSIR will explore ways to:

- increase new membership of the Society and reduce attrition of members
- secure industry support beyond events and webinars
- encourage and enable donations to the BSIR

## THE ROLE OF THE BSIR

The BSIR's values guide how the Society intends to go about achieving its 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.

**Inclusive:** The BSIR values the diversity of the IR team and seeks to include everyone in the future of IR. As such, the Society aims to improve the current gender gap within the IR community.

In the past year, BSIR have:

- produced and circulated a statement outlining BSIR's commitment to EDI, as driven by the EDI Committee.
- continued the BSIR Mentoring Programme, after a successful pilot was delivered by the EDI Committee in 2024.
- increased EDI content in the ASM programme
- recorded and promoted an International Women's Day panel discussion online
- supported the RCR's Women in IR Ambassadors launch

**Innovative:** The BSIR thinks creatively, embracing new devices and digital technology, developing new ideas and learning from their implementation. The Society will continue to work in partnership with key stakeholders in IR to encourage adoption of new technology.

In the past year, BSIR have:

- designed and delivered a collaborative workshop with ABHI and our industry partners, in advance of the ASM.
- delivered webinars for BSIR Members in partnership with industry to showcase new devices and ways of thinking.

**Collaborative:** The BSIR works well together, internally and externally, to achieve improvements in patient care. The Society recognises the importance of working within local, national and international systems to effect positive change for patients.

In the past year, BSIR have:

- established a WhatsApp Business Community to encourage interaction between members at all levels, with thanks to the creation and moderation of this community by the Communications Committee.
- engaged with societies at a national and international level, including BSET, The Vascular Society, Royal College of Surgeons Edinburgh, CIRSE and SIR, to build connections and advance IR together, rather than in silo.
- worked closely on IR-related topics with the RCR, through the RCR IR Committee and the Imaging Academies, to enable output like the Women in IR Ambassadors programme and the National Lecture Programme.

## HOW TO ACHIEVE THE STRATEGIC GOALS

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. The strategic goals outlined above will require significant work and application by both the BSIR and the RCR to achieve them.

The strategic aims would be easier to achieve if the status of IR could be changed to either an independent IR Faculty within the RCR or an IR specialty within the RCR. An unpublished analysis of the benefits of an IR Faculty compared with an IR specialty indicated that full specialty status for IR would achieve some of the above goals but not as many as an IR Faculty would.

While there are significant potential barriers to achieving an IR Faculty, not least logistical and economic challenges within the RCR, 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.

In the past year, BSIR have:

- created an IR Faculty Taskforce within the Executive Officers.
- held a series of Roadshows engaging members across the UK.
- presented at the CIRSE IR Leadership meeting in Porto in June about the opportunity of Faculty for IR in the UK.





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