



British Society of
Interventional
Radiology
Registered Charity No: 1084852

May 2023

Dear BSIR Member,

Several of our members have raised issues concerning training over the last 18 months and following conversations with the RCR, I thought it would be a good idea to write to you, our membership, in an effort to address these concerns and reinforce our priorities as interventional radiologists.

We are aware that there have been concerns raised in both the IR and vascular surgical trainees groups about access to endovascular and aortic training. Indeed, some consultant IRs have told me of instances where aortic intervention has been wholly removed from the remit of IRs. This is not in the best interests of patients, not in the best interests of harmonious working relationships, and certainly not in the best interests of trainees and therefore the future of IR.

We know that patient outcomes are best where teams work well together and each member of the team contributes to the area in which they are most skilled. This will vary from centre to centre and from case to case depending on individual skills. It is vital that prior to any combined procedures all team members meet for a team brief and as part of that brief it is made clear exactly who within the team is contributing to which part of the procedure. It is also vital that it is clear to any trainees either IR or VS exactly what their role is during the procedure.

Interventional radiologist's primary responsibility is to their own trainees. If we are unable to train our junior colleagues then we as a specialty will fail. Our next priority in training is to train non-IR trainees in techniques of biopsy/drainage if our non-IR colleagues are unable to do so. Any training capacity over and above this can be used to train other specialties where their curriculum requires it. This includes our vascular surgical colleagues. I am fortunate to work in a centre where this arrangement works well and we are able to train both IR and VS trainees. Our VS colleagues also help train our IR trainees with attendance at vascular clinics.

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It is important that the RCR are made aware of any instances where members feel that training is being compromised for whatever reason. The contact email address for feeding back any training issues to the RCR is: Training@rcr.ac.uk

Last year saw the start of ST1 IR recruitment. This meant that trainees who wish to do IR could start their training with a CR (I) badge. These registrars will not have to compete for an IR post at ST4. This makes IR much more attractive for trainees who want to pursue a practical clinical hands on specialty. We hope that this will draw in trainees who would otherwise have entered surgical training schemes. The only slight disadvantage of this is that it will mean fewer places available at ST4 for those who decide that they want to do IR. This should become much less of a problem as ST1 recruitment becomes established. There will still be some ST4 places becoming available for those who start as CR(I) and then change back to CR as either they decide IR is not for them or trainers decide that they are not suitable for a career in IR.

It is disappointing to see that some training schemes are not offering more CR (I) numbers. The reason being given is that their IR training capacity has been reached. BSIR believe that with more imaginative use of resources more trainees could be accommodated on training schemes. IR training in the first 3 years may be one list a week, but this could be alongside another trainee at a different stage, or involve US interventional lists, CT interventional lists, theatre lists, training in endoscopy and clinics in IR or other surgical specialties. It is essential that we publicise IR recruitment at ST1 and more importantly encourage our heads of training to make this available. Training programmes should support trainees in all aspects of radiology that the trainee wishes to pursue, whether it is diagnostic or interventional radiology. Recruitment should not be influenced by the immediate needs of local service provision.

I would encourage you to let the RCR know of any specific difficulties encountered in recruitment at ST1. Once again please contact:

RCR at: Training@rcr.ac.uk and BSIR at: council@bsir.org

Yours sincerely

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BSIR President

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