

Following discussion within council a motion to create a specialty of Interventional Radiology will be tabled for voting at the annual general meeting of the BSIR. It has become apparent that in order to achieve the key objectives of improving patient safety, 24/7 high quality care and safeguarding the future of interventional radiology, IR needs to become a specialty.

Unlike our current position as a subspecialty, 'specialty status' will allow us to achieve the following:

- Make IR much more visible
- Better workforce planning and strengthening the RCR.
- Give us a better understanding of how many IR's there are and make a stronger argument for greater training numbers for IR
- Have dedicated training numbers for IR
- Make IR more attractive and allow us to select appropriate trainees (IR now number 1 specialty in the US following change to separate specialty 2 years ago)
- Improve training by developing a training program and curriculum relevant to IR
- Allow us to take primary responsibility for patient care including treatment and follow up
- Create more focussed governance structures for IR
- Ultimately improve patient safety and quality of care

Importantly, although this is vital for training future IR's. It does not stop anyone who is currently doing IR procedures from continuing or those doing diagnostic work as well as IR from continuing to do both. Also, this does not mean that we will be leaving the RCR.

Motion for voting:

'IR should become a specialty'

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