

## **Interventional Radiology Committee In collaboration with the British Society of Interventional Radiology**

### **The Clinical Role of Interventional Radiology (Image guided surgery) in Patient Care**

The Provision of Interventional Radiology Services (POIRS) has been revised, and the second edition is due to be published this summer (2019). This statement has been released by the Royal College of Radiologists (RCR) and British Society of Interventional Radiology (BSIR), to introduce the POIRS document, identify the benchmarks for Interventional Radiology and to highlight the competencies of interventional radiologists in patient management, both in an inpatient and outpatient scenario, obtained as part of their subspecialty training.

#### **Background:**

Interventional Radiology (IR) is an essential part of modern medicine, delivering patient-focused care, which has been proven to be safe and effective in both elective and emergency situations. IR is an established subspecialty of Clinical Radiology which has become integral to the modern management of a range of patients. For example, all UK major trauma centres must now have a 24/7 IR service.

IR procedures have increasingly replaced open surgical techniques as they are less invasive, have reduced morbidity and mortality rates, allow more rapid patient recovery and early hospital discharge. Over 90% of procedures are performed via a 2-3mm access typically under local or sedo-analgesia. IR provides inpatient daytime services, with many centres having their own IR day case facilities, with an increasing number of centres providing full inpatient services for elective IR cases. IR personnel provide emergency cover on a 24/7 basis, offering lifesaving treatments to some of the most unstable patients within the hospital, e.g. treatment of acute haemorrhage; gastrointestinal, trauma and post-partum haemorrhage.

Where IR is made available there is a profound impact on the cost effectiveness of the health system.

Given the diversity of IR, other clinical groups remain unfamiliar with IR procedures. As a result, they are not able to explain the procedure, its benefits, its potential complications or side effects to a patient beforehand. This may subsequently cause unnecessary patient anxiety and concern. Some of the side effects and complications may also be managed with additional IR procedures.

IRs are medical doctors trained in both diagnostic imaging and the use of imaging to guide therapeutic procedures. The subspecialty IR Curriculum, with an additional 6<sup>th</sup> year training requirement by the GMC, aims to support the highest quality of training to ensure that all interventional radiologists are competent to provide a high-quality service. As well as high level competency in diagnostic imaging and interventional procedures, the curriculum provides competencies for IRs to take primary clinical responsibility for the patients they treat, as with any other procedure-based specialty. It also aims to ensure that all interventional radiologists show

medical professionalism by supporting the values expressed in the Global Statement Defining Interventional Radiology. This essential component of an IR practice should be acknowledged by the wider hospital community.

### **Benchmarks:**

The following capabilities and competencies are appropriate for an interventional radiologist

- Inform patients of the spectrum of therapeutic options that might be provided by IR, with the facility to offer information to patients as defined by the GMC Good Clinical Practice and Doctors and Patients Making Decisions Together.
- Establish treatment plans and implement them independently, with the facility to consult as the situation requires, e.g. anaesthetic assessment, medical assessment.
- Admit patients to the IR service and provide inpatient care before and after therapeutic interventions. IRs should have access to, and deliver training to, junior doctors (preferably trainee IRs as well as those gaining experience in other specialties) who will have responsibility during the inpatient episode.
- IRs should have access to Admitting Privileges at a hospital and routinely admit patients who require interventional treatment to their service. As with other specialities' admissions, advice should be sought from, and be supported by, appropriate other clinicians for unanticipated medical and surgical problems.
- Provide longitudinal patient care. This requires IRs to consult with patients in an outpatient setting in the pre-procedure period, for assessment and discussion of the potential outcomes, clinical benefit and complications of the procedure. In addition, IRs should follow patients long-term to assess outcomes, recurrence, or development of new problems.
- Quality improvement programmes developed by BSIR (BSIR-QI) focus on 4 key areas to assess a department: scope of service, providing good quality care, patient focus and service improvement. Exemplar status is awarded to those centres that achieve these ideals following formal assessment.

### **Conclusions:**

1. IR is a subspecialty of clinical radiology requiring an additional year of training, compared to diagnostic radiology (6 years total) to be certified by the GMC IR Certificate of Completion of Training.
2. IRs receive training appropriate to their scope of practice, enabling them to clinically manage patients under their direct care, throughout the patient pathway, and provide clinical advice for patients under the care of other clinical specialties.
3. To deliver this clinical care, IRs require appropriate clinical time, infrastructure and support from their employing organisations, including access to outpatient clinics and inpatient beds.
4. Trusts should be supportive of IRs who wish to deliver high quality longitudinal care on a par with many fellow specialists.

### **Evidence:**

- Good medical practice GMC guidance: [www.gmc-uk/guidance](http://www.gmc-uk/guidance).
- The Royal College of Radiologists Interventional Radiology curriculum: <https://www.rcr.ac.uk/clinical.../curriculum/interventional-radiology-curriculum>
- Clinical practice Manual in Interventional Radiology Volume 1: [www.cirse.org/education/guidelines/cirse-clinical-practice-manual/](http://www.cirse.org/education/guidelines/cirse-clinical-practice-manual/)

- Practice parameter for Interventional clinical practice and management: Collaborative statement from the American College of Radiology, the Society of Interventional Radiology, the Society of Neurointerventional Surgery and Society of paediatric Radiology. J Vasc Interv Radiol 2015; 26: 1197-1204.
- The Provision of Interventional Radiology Services in Europe: CIRSE Recommendations. Cardiovasc Intervent Radiol. 2016 Apr; 39(4): 500-6.
- European curriculum and syllabus for Interventional Radiology (second edition) 2017: [www.cirse.org](http://www.cirse.org)
- Global Statement Defining Interventional Radiology. 2010. Cardiovasc Intervent Radiol; 33: 672-674.
- Global Statement Defining Interventional Radiology. 2010. J Vasc Interv Radiol 2010; 21: 1147-1149.
- Investing in the interventional radiology workforce: the quality and efficiency case: [www.rcr.ac.uk](http://www.rcr.ac.uk).
- Standards for providing a 24-hour interventional radiology service; second edition. Guidelines at [www.rcr.ac.uk](http://www.rcr.ac.uk)
- Doctors and Patients – Making Decisions Together.
- Interventional oncology: guidance for service delivery: Second edition. Guidelines at [www.rcr.ac.uk](http://www.rcr.ac.uk)

**Interventional Radiology Committee**  
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