



## UEMS IR Division Meeting with Delegates

**Copenhagen, Denmark, September 17, 2017, 17:15-18:00**

*Present:* E. Brountzos (GR), R. Morgan (UK), A. Gangi (FR), A.-M. Belli (UK), C. Binkert (CH), K. Hausegger (DE), F. Fanelli (IT), M. Lee (IE), G. Makris (UK), S. Müller-Hülsbeck (DE), J. Reekers (NL), R. Uberoi (UK), O. van Delden (NL), D. Waigl (AT), M. Totev (BG), P. Reimer (DE), P. Haage (DE), A.H. Mahnken (DE), A. Bharadwaz (DK), A.N. Chatziioannou (GR), D. Filippiadis (GR), N. Ticinovic (HR), R. Stipe (HR), V. Vidjak (HR), F. Orsi (IT), M. Rossi (IT), A.G. Ryan (IE), M.C. Burgmans (NL), C. van der Leij (NL), M. Schoder (AT), J. Urbano Garcia (ES), M. Casares Santiago (ES), E. Esteban Hernandez (ES), V. Til (SRB), O. Haller (SWE), I.E. Keussen (SWE), M.L. Akesson (SWE), S.D. Qanadli (CH), V. Someshwar (IND), S. Kulkarni (IND)

*Invited Speakers:* F. Tanzi (UEMS Radiology Section), J.A. Kaufman (US)

### **1. Welcome by UEMS IR Division Chairman**

J. Reekers opened the meeting and welcomed all participants. He underlined the importance of the UEMS IR Division as a body giving a voice to IR in discussions with other sub-specialties inside the UEMS. He reported that the NR Division was currently working on a standards document which would de facto exclude IRs from stroke treatment, as healthcare providers and national administration may use it as a reference. J. Reekers confirmed that the Radiology Section subsequently was blocking the document and insists on a revision by the NR Division to include the amendments as suggested by the IR Division.

### **2. Review and approval of the minutes of the last meeting**

The minutes of the last meeting were approved unanimously.

### **3. Update from the Radiology Section**

On behalf of the UEMS Radiology Section, F. Tanzi gave a brief update on the work and structure of the UEMS, which will celebrate its 60<sup>th</sup> anniversary in 2018. He presented the most important achievements of the UEMS, which include the accreditation of live educational events (LEE, about 2000 per year) and e-learning materials via the European Accreditation Council for CME (EACCME), the recognition of CME-CPD activities as well as standard setting and training (European Training Requirements ETRs, European Examinations and accredited training centres).

F. Tanzi also introduced the current leadership of the Section of Radiology, noting that the Section currently counts 31 Full Members, 4 Associates (Armenia, Israel, Serbia, Turkey), 4 Observers (Georgia, Iraq, Lebanon, Morocco) and 1 representative of European Junior Doctors. The main activities of the Section concern the European Diploma in Radiology (EDiR), the Accreditation Council in Imaging (ACI) and the Training Assessment Programme ETAP 2.0. The Section is also involved in European Affairs in collaboration with the ESR.



The next meeting of the Radiology Section will take place on 30 September 2017 in Rome and the next UEMS Council will be held in Brussels (20-21 October 2017).

The issue of the UEMS Neuroradiology Division's attempt to push IRs out of stroke treatment was raised and F. Tanzi confirmed that the Neuroradiology Division decided not to vote on the SoP documents in question in its meeting on September 16, 2017. The Neuroradiology Division will contact the IR Division again in this matter, and may suggest a special meeting in January or February 2018, in order to be able to submit the documents in time for the Spring UEMS Council (Marrakech, 27-28 April 2018; submission deadline in February 2018). F. Tanzi further confirmed that the IR Division and UEMS Radiology Section have a very solid collaboration and the Section will only support SoP documents from the Divisions which are altogether positive for Radiology.

#### **4. Ongoing business of the IR Division**

##### **a. UEMS CESMA appraisal of EBIR**

J. Reekers reported that after undergoing a thorough scrutiny process, the EBIR (European Board of Interventional Radiology) successfully achieved UEMS-CESMA accreditation in March 2017. CESMA is the UEMS' external auditing system and aimed at quality improvement of medical examinations.

#### **5. Update on IR subspecialisation and specialisation initiatives**

##### **a. Sweden – M. Åkesson**

M. Åkesson presented the Swedish Certification of Interventional Radiology, noting that the National Board of Health and Welfare recently asked the Swedish Society of Medicine to launch pilots for subspecialisation work with some groups. The Seldinger Society of Vascular and Interventional Radiology was invited to work on a sub-specialisation for IR, and developed a curriculum (based on CIRSE's IR Curriculum and Syllabus, but in Swedish and with some adaptations), courses (2 national courses, 5 web-based courses) and an examination. In May 2017 the Swedish Medical Society certified the Swedish Certification of Interventional Radiology (SCIR). Applicants for this certification must have a minimum of 2,5 years of full time work in IR and provide a signed verification from their mentor.

##### **b. USA - J. Kaufman**

J. Kaufman, Director of the Dotter Interventional Institute (Portland, OR/US), gave a presentation on IR's status and the dual IR/DR certification in the US. Following the recognition of IR as a primary specialty in the US in 2012, he noted that the first IR residencies were approved by the American Council for Graduate Medical Education in 2015, and the first residents were matched to IR in 2016. In October 2017, the conversion to the dual IR/DR certificates takes place (an IR-only certificate proposal had been rejected in 2009), which is supported by all major DR organisations and only opposed by a vocal minority.

In terms of training pathways, J. Kaufman noted that all paths lead to a combined certificate in IR and DR, and that the IR/DR certificate supports all DR subspecialties (paediatric radiology, neuroradiology and nuclear medicine).



The main drivers for the new training pathways include the desire to improve IR training, especially non-procedural clinical care; recognise IR as a fully competent in non-procedural care by DR and other specialties, provide a pathway to IR from medical school while preserving the DR competency.

Regarding the question of why the American Board of Medical Specialties approved the IR/DR certificate, rather than IR only, J. Kaufmann pointed out that the recognised the unique combination of skills in IR, as a specialty has to be a unique aggregation of competencies, no matter if one of these is another specialty. Furthermore, the ABMS believed that non-procedural clinical patient care competency for IR was in best interest of patients and that the IR/DR certificate presented the best embodiment thereof.

J. Kaufman informed that the IR/DR Certification process was structured in a way that all residents have to take the DR core exam, following which all DR only candidates have their own final certifying exam, and all IR/DR candidates have a dedicated IR/DR certifying exam. Currently over 70 integrated IR residencies were active, over 120 students were matched to this pathway in 2017 and more than 450 applications had been received. Independent IR residencies will be activated in 2020, and J. Kaufman confirmed that there was a strong interest and awareness from students.

J. Kaufman concluded his presentation with a number of recommendations for such change processes, emphasising the importance of having a compelling rationale for this change, engaging with stakeholders early in the process, enter compromises and remain flexible, and eventually accept that not all may be happy with the outcome.

#### **c. Q & A and open discussion**

Due to time considerations no questions were raised.

#### **6. Next Meeting at the CIRSE 2018 Annual Congress**

The next UEMS IR Division Meeting with Delegates will take place on the occasion of CIRSE 2018, September 22-26, in Lisbon, Portugal.

#### **7. Any other business**

No further business was discussed and the meeting was closed.