

Subspecialty Status for Interventional Radiology

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Interventional Radiology (IR) has been characterised by incredible growth in scope and innovation over the past 20 years. The traditional arrangement of IR as an integral part of Diagnostic Radiology (DR) can no longer fulfil the clinical needs of the discipline and the service demands that currently exist.

CIRSE believes that it is time for IR to embrace full clinical practice and seek subspecialty status in all European countries. Subspecialty status under the umbrella of Radiology will allow IR more control over its destiny, acknowledge the central role IR plays in modern medicine and emphasise IR's unique nature as distinct from DR and other specialties. It will also increase IR's visibility and credibility as well as making it a more desirable career choice for both medical under- and postgraduates. Importantly, subspecialty status will give IR a real chance to standardise its training and certification throughout Europe by adopting the [IR curriculum and syllabus](#) and EBIR (www.cirse.org/ebir). It also means that IR will have a voice in medical organisations, advocacy groups and health services, making it easier for health administrations to commission its services, both locally and nationally. Subspecialty status will enable IR to negotiate for adequate resources to deliver the full range of its services including a 24/7 call service.

Recently, in 2009, IR achieved subspecialty status and became a subdivision of radiology at the Union of European Medical Specialists (UEMS) based in Brussels. A number of European countries have followed this lead and obtained subspecialty status for IR in their respective countries including: the United Kingdom, Czech Republic, Netherlands and Greece. The USA and, more recently, Canada have also been granted subspecialty status for IR.

Who is responsible for recognising subspecialty status?

Each European country has a licensing authority, which governs medical practice in that country. In most cases, doctors pay a yearly subscription to be licensed to practise medicine in an EU country. The licensing of doctors is usually within the remit of Health Ministries but is normally delegated to regulatory bodies in the respective country. In France, for example, the function is delegated to the "Ordre de Medecins"; in Ireland and the UK it is delegated to "Medical Councils" and in many other European countries it is delegated to "Medical Chambers". These "licensing authorities" are also responsible for formally recognising medical disciplines as subspecialties.

How can a country apply for subspecialty status for IR?

The process may differ slightly in each European country, but the fundamental procedures generally remain the same. Applications for subspecialty status should be made through, or with the approval of, the national diagnostic radiological body charged with the education and training of radiologists in that country.

Evidence of the following will usually need to be provided to the licensing authorities:

- a) The proposed subspecialty is a well-defined, distinct and legitimate area of medical practice with a sustainable place in the medical profession.
- b) The proposed subspecialty is distinct from other specialties based on substantiated and major new concepts in medical science and healthcare delivery, so that it is not feasible to include it within the current specialty structure.
- c) The proposed subspecialty represents a new well-defined and widely accepted field of medical practice.
- d) The proposed subspecialty has a comprehensive and developing body of international research and literature to support evidence based clinical practice.
- e) The proposed subspecialty has significant representation within academic medicine.
- f) The proposed subspecialty has a number of annual meetings and there are national or international societies, with a principal interest in the proposed subspecialty.
- g) Specialty or subspecialty recognition for the proposed subspecialty has been approved in other EU countries.
- h) The proposed subspecialty has a demonstrable number of practitioners with the capacity to meet existing need, who possess the knowledge and skills to practice and be prominent in this subspecialty.
- i) The proposed subspecialty can sustain training, assessment of training outcomes and CME.
- j) Specialisation in this area of medicine will constantly contribute to substantial improvements in the quality and safety of Healthcare.

The licensing authority may contact external assessors for help during the review process and a small fee is usually charged for the application.

CIRSE would encourage countries who have not yet achieved subspecialty status for IR to consider applying for this in the near future. The IR division of the UEMS and CIRSE would be happy to send a joint letter of support for the application.

It would be helpful if countries could inform CIRSE if a subsequent application for subspecialty status is successful.