

Denied in Canada: Why We Need a Global Strategic Plan for Interventional Radiology

John A. Kaufman, MD, David Sacks, MD, and Brian F. Stainken, MD

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INTERVENTIONAL radiologists worldwide should find the recent experience of our Canadian colleagues both unacceptable and a call to action (See the Commentary by Baerlocher et al in this issue of JVIR). The Royal College of Physicians and Surgeons of Canada (RCPSC) rejected the Canadian Interventional Radiology Association's (CIRAs) application for recognition of interventional radiology (IR) as a subspecialty of diagnostic radiology, even though that application had the support of major stakeholder medical specialties in Canada. The RCPSC's explanation for denial of the application, as detailed by Baerlocher et al, reveals a lack of appreciation of the current state of IR and, perhaps more ominously, a lack of willingness to understand the specialty. Examples of IR as a recognized specialty are not hard to find, including in Canada's neighbor on the North American continent. This action by the RCPSC emphasizes the deep entrenchment of the common and damaging misperception that IR is a list of procedures, not a clinical specialty. To paraphrase a recent fictional American icon, Mr. Anthony So-

prano, when it comes right down to it, all you can really rely on is family. It is time for IR to organize itself, worldwide, as a single family.

IR procedures are recognized by physicians and patients throughout the world as beneficial and integral to medical care. Initially a sideline of diagnostic radiology, IR is now an established discipline in its own right. In the United States, IR is a recognized subspecialty with its own board certification examination. The spectrum of procedures and abnormalities encompassed within the specialty are now so broad that full-time independent IR practice is a reality for some physicians. The volume of procedures continues to increase every year, with large new areas of practice (eg, oncology and musculoskeletal and/or pain interventions) just beginning to be developed. Research in IR has reached a new level, with successful garnering of governmental funding for several large studies and vigorous societal research programs in the United States and Europe. Almost every developed country has an IR specialty society, and many have formal IR curricula and fellowships. There are numerous well-respected IR journals and frequent regional, national, and international IR meetings and scientific congresses.

However, as our Canadian colleagues have recently found, the future existence of IR as a specialty, or even as a portfolio of procedures within diagnostic radiology, is uncertain everywhere. We remain undervalued or misunderstood by other physicians and the lay public. The success of IR procedures has prompted other

specialties to aggressively adopt, co-opt, and practice image-guided interventions. The necessary paradigm shift to a more clinically focused IR practice challenges both our skills and our relationship to the rest of radiology. IR procedures, which some diagnostic radiology practices view as too time- and resource-intensive compared with imaging studies, are being abdicated to other specialists. Insufficient numbers of new interventional radiologists are being trained. Clinical and basic research is becoming more difficult to accomplish because of time and manpower shortages. Reimbursements for IR procedures are declining. Diagnostic radiology organizations, which serve a broad constituency comprised overwhelmingly of imaginers, do not have the resources to champion all of the causes of our specialty. Within IR, areas of clinical focus are developing into distinct subspecialties that could ultimately cleave the specialty.

CIRA's application for the recognition of IR as a bona fide subspecialty in Canada reflects a vision that is common to most, if not all, interventional radiologists. We must provide longitudinal care for our patients through direct consultation, office visits, and hospital admission; have the support of our diagnostic radiology colleagues at local and national levels; innovate and develop new procedures; execute robust clinical and basic research; continually improve the quality of our care and our outcomes; increase the number of IR physicians trained and modify this training to reflect the needs and realities of practice; preserve the economic viability of our

From the Dotter Institute, L605, Oregon Hill Science University, 3181 S. W. Sam Jackson Park Blvd, Portland, OR 97201 (J.A.K.); The Reading Hospital and Medical Center, 6th and Spruce Streets, West Reading, PA 19612 (D.S.); and Roger Williams Medical Center, 825 Chalkstone Avenue, Providence, RI 02908 (B.F.S.). Received and accepted November 2, 2007. Address correspondence to J.A.K.; E-mail: kaufmaj@ohsu.edu

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procedures; and be recognized within medicine and the lay public as a legitimate medical specialty. Although the status of IR is different in each country, these basic components are the same.

How can our specialty be strengthened across the globe? One step is the development and publication of a global strategic plan for IR. The plan would contain the core clinical, educational, political, research, and economic goals for the specialty. This document would provide a blueprint for the specialty that could then be applied anywhere, as needed or desired, at a national or local level. Perhaps more important, a global strategic plan for a specialty would be unique in medicine and a powerful public declaration of identity and unification.

This plan would be a strategic resource available to all interventional radiologists throughout the world. For example, the global plan could serve as a framework for the development of detailed national or regional strategic

plans. In other situations, individual elements of the plan could be adapted and implemented locally as needed, depending on the prevalent cultural, economic, and political forces. Sharing of strategies used to achieve these goals would perhaps result in new opportunities for clinical or research collaborations. Training curricula and performance standards can be shared internationally and modified for local use. Finally, this would be a powerful tool when negotiating with organized medicine (*vis-a-vis* the Canadian experience), academic institutions, governments, insurers, or other entities.

When IR is strong and has a high profile in one country, there is a positive effect on IR everywhere. The status of the specialty in general is enhanced. Interventional radiologists take inspiration from successful international colleagues and apply themselves locally. The volume and quality of research is improved. The presence of IR on the internet is strengthened. Industry is encouraged to invest in IR

and develop new markets. For IR to be successful as a specialty, it is imperative that it be successful in as many countries as possible.

How can we develop a global strategic plan? The process should be inclusive, multinational, and based on consensus. Development of the plan in this manner would strengthen our ties and identify and codify our common beliefs. We would become a bigger, stronger, and unified family.

IR has been around long enough so that our concerns for the future of the specialty must now reach beyond regional or national borders. We should voice our support for CIRA loudly and clearly. In addition, formulation of a global strategic plan would bring interventional radiologists from as many countries as possible together to share ideas, concerns, and strategies. A global strategic plan for IR would be unprecedented in medicine and emblematic of our progressive and dynamic specialty.