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The new governance structure
Transformed for transparency: The new SIR and SIR Foundation governance structure

SIR is now more member-driven than ever, thanks to the governance structure evolution completed in 2022. The improved structure, which makes communication between all members easier and more transparent, increases volunteer opportunities, highlights the path to leadership, and allows SIR and SIR Foundation to function at the highest capacity.

The governance evolution was spurred by SIR’s rapid expansion in recent years in response to needs that did not exist when SIR was founded nearly 50 years ago. This led to a bloated organizational structure that did not function smoothly and did not have clear lines of authority below the top line.

The new structure was formally adopted during the Members’ Business Meeting at the SIR 2022 Annual Scientific Meeting in June. The bylaws changes were the last step in implementing the new structure, which streamlines reporting within the organization to ease prioritization of member needs and amplify the voices of members. There are now clear paths of authority to introduce proposals from the committee level and coordinate their execution across SIR and SIR Foundation.

What has changed?

The Executive Council is now the Board of Directors

Concurrent with this change, SIR’s Operations Committee, comprised of SIR’s officers, is now called the Executive Committee. As one of SIR’s fiduciary committees, the Executive Committee informs the work of the board, interprets board decisions, mediates internal disputes and provides approval for certain initiatives between regular board meetings. The other fiduciary committees include the:

- **Finance Committee**, which supports budget development and serves as primary liaison with the CPA audit firm and investment advisers
- **Nominating Committee**, which is responsible for identifying, cultivating and recruiting leadership in SIR bodies
- **Rules Committee**, which is responsible for the bylaws and may be called upon to interpret bylaws when questions arise
- **Ethics Committee**, which is charged with reviewing and investigating all reports of professional misconduct and ethics violations, including abstract discrepancies, and reporting its findings to the Board
- **Fellows’ Affairs Committee**, which confers in all matters related to the Fellows in the society

SIR Board of Directors

**Purpose:** Provide leadership, strategy and delegation

**Authority:** The fiduciary body of the organization. Centralized authority all rests with the Board, enables strategy advancement by distributing decision making to the teams.

**Composition:** Representational body composed of 6-9 SIR members.
The new governance structure

Service lines are now Clinical Specialty Councils

The new Clinical Specialty Councils bring together SIR’s disease state experts. In the former structure, these experts were known as the service lines, each of which was run by a chair or co-chairs and had a general member roster. Now, the former service lines each have their own specific steering committee, comprised of up to 15 members, and each disease state will be represented at the larger, bimonthly Steering Council meeting.

Under this new structure, the Clinical Specialty Councils have a more active role in SIR and SIR Foundation initiatives. The Clinical Specialty Councilors have the ability to notify leadership about matters in their relevant disease states that are coming up or need attention.

SIR and SIR Foundation share a Steering Council to coordinate initiatives

In order to communicate the needs and initiatives of the various disease state experts, clinical specialty councilors will join the newly formed SIR and SIR Foundation Steering Council. The Steering Council also includes SIR division councilors and SIR Foundation division chairs, allowing for all facets of SIR and SIR Foundation to be aware of, and responsive to, needs and priorities.

Under the previous structure, division councilors sat on the old Executive Council. Now they sit on the Steering Council to allow for greater collaboration and more informed decision making across SIR and SIR Foundation. They will continue to meet the needs of members based on their areas of programatic focus, such
as Education, Health Policy and Economics, International, Member Services, Guidelines and Standards, Practice Management, and Quality and Performance Improvement. On the SIR Foundation side the divisions are Clinical Research and Registries, Research Grants and Education, and Development. This shift enables the SIR Board of Directors to focus strategy advancement for the society and distribute decision making to the Steering Council.

Meanwhile, sections will continue to represent various demographics or career-level interests of members, but now they will report to the Steering Council for action and approval of programs. Similarly, committees will report to the Steering Council, through their divisions, the needs and plans for their respective areas of authority, such as government affairs or practice development.

**Committees**

**Purpose:** To advance critical issues and programs within the organization. To support strategy development and implementation.

**Authority:** Delegated authority from the board.

**Composition:** Open to all SIR membership. Composed of up to 15 members. Participate in the annual volunteer appointment process.

**Division**

**Purpose:** Divisions group committees with similar programmatic focus into a cluster designed to foster better coordination, accountability and communication from the committees related to the program area’s success.

**Authority:** Make recommendations through Steering Council for programming and resource allocation. Authority to move strategies and approved projects forward related to functional area.

**Composition:** Open to all SIR membership. Consist of the network of committees and workgroups.
Private practice representation has increased

The new structure is also more inclusive of private practice IRs. Each clinical specialty council has specifically allocated a seat for a private practice representative, but greater private practice representation is possible since councils are not limited to only one private practice volunteer. This allocation is to ensure the unique challenges faced by those in private practice are heard and addressed to the benefit of physicians and the patients they serve. Similarly, the SIR Board of Directors also maintains a Private Practice Director-at-large seat to ensure representation at the top.

What does this mean for you?
Enhancing the volunteer experience

The new structure places priority on member involvement. With the creation of the Steering Council, including the Clinical Specialty Councils, up to 120 new positions have been created that have direct influence on ensuring the society and foundation are anticipating and meeting the needs of the membership and specialty. Additionally, this new structure ensures that volunteers are exposed to all aspects of the society’s and foundation’s functional operations, giving members an opportunity to learn and engage in their areas of interest. These new opportunities to engage and interact across the organization allow members to develop a stronger understanding of SIR and SIR Foundation priorities, initiatives and challenges. It also allows them to contribute their expertise and develop their leadership skills.
The new governance structure makes the trajectory from volunteer to leadership transparent and sets up a gradual pathway to follow. A member can start their leadership journey as a member in a committee, work up to committee chair, and eventually move into roles such as a division councilor or clinical specialty council councilor, gaining broad experience that leads them to successfully apply to serve on the SIR or SIR Foundation Board as a member or an officer.

The new structure also makes decision making more transparent. Volunteers operating in one division should now be able to understand the flow of information—how it goes both upward and across the organization. If a member moves on to a different division to focus on other volunteer areas, they will already understand how the flow of information works. Communication channels have now been streamlined across all divisions. This will prioritize collaboration and maximize volunteer knowledge.

Adapted from IRQ Fall 2021 “A governance evolution: A closer look at the proposed SIR governance changes.”

SIR and SIR Foundation Steering Council

**Purpose:** Responsible for moving forward strategic issues and priorities. Delegates work to the appropriate body or establishes task forces to advance such work. Ensures synergy and reduces redundancies between volunteer groups.

**Authority:** Authority to organize and monitor activities across organizational bodies, makes recommendations to the board through SIR Past President.

**Composition:** Chair of Steering Council is the SIR Past President, Representational body composed of 18-25 members.
02

VIRTEX and evidence-based medicine
SIR continued to focus on establishing a comprehensive, national IR clinical data registry, VIRTEX. VIRTEX will enable SIR to gather the data necessary to help secure the future and growth of the specialty, by enabling us to have the data and evidence to continue demonstrating the effectiveness and value of IR procedures, improving patient outcomes, and advocating for appropriate coverage and reimbursement.

VIRTEX aims to be cutting edge in its data collection, utilizing automated data extraction to capture not only key details from the IR procedure report, using the SIR standardized report templates, but also additional clinical data from the EHR, providing a holistic view. This method minimizes the burden on providers to participate, while providing high-quality data. VIRTEX has sites actively working on integration and implementation.

SIR has made significant progress in raising awareness and recruiting pilot sites in 2022. Whether it was highlighting VIRTEX at SIR 2022, speaking at numerous IR and radiology events, authoring articles in JVIR and IRQ, or appearing on the Kinked Wire podcast, our physician champions were relentless in moving this critical initiative forward.

Engage with VIRTEX

Learn more about how VIRTEX can help your practice through these articles, audio and video:

- sirweb.org/virtex (watch our demo video, hear about the benefits of participating in VIRTEX from SIR Immediate Past President Matthew S. Johnson, MD, FSIR during his SIR 2022 plenary)
- sirweb.org/standardizedreporting (review the benefits of standardized reporting, access the reports)
Structured reports and registry participation are truly how we as radiologists and interventional radiologists grow and defend our own existence.

**ACR Bulletin:** Beyond data

The Society of Interventional Radiology standardized reporting initiative allows IR practices to streamline reporting, which not only decreases denials and report revision rates, but increases accurate charge capture and improves reimbursement rates.

**IR Quarterly:** Can standardized reports improve your reimbursement rates and help optimize workflow?

IR currently has the opportunity not only to catch up to other specialties but also to become a leader in intelligent data collection.

**The Journal of Vascular and Interventional Radiology (JVIR) editorial:** Interventional Radiology: Blazing New Trails or Playing Catch Up?

It’s clear that our membership needs to demonstrate to hospitals, payers and insurance carriers that what we do not only has value, but it improves quality and length of life without an enormous cost.

**IR Quarterly:** Q&A with SIR President Matthew S. Johnson, MD, FSIR

Guest host Jaimin Shah, MD, speaks with Raj Shah, MD, FSIR, and Matthew S. Johnson, MD, FSIR, about how participating in the VIRTEX data registry helps interventional radiologists demonstrate their value, improve patient care and strengthen the specialty.

**The Kinked Wire Podcast Episode 30:** Improving patient care through the VIRTEX Data Registry
03
Supporting private practice
Making public our commitment to private practice

SIR launched two major initiatives to support private practice in their development and success.

A beacon of practice management lit in Boston

The SIR Business Institute pilot standalone meeting was presented in June 2022 during the SIR Annual Scientific Meeting in Boston.

The Business Institute is a response to the increased interest in owning private practices and operating office-based labs (OBLs).

IN THE UNITED STATES, THE OBL MARKET WAS VALUED AT 9.6 billion in 2021 AND IS EXPECTED TO GROW AT A COMPOUND ANNUAL GROWTH RATE OF 7.46% from 2022 to 2030

(see grandviewresearch.com/industry-analysis/office-based-labs-obl-market). The growing trend of surgical procedures being performed in outpatient settings and the rising incidence of various vascular diseases are among the major factors driving the demand for new OBLs.

Running a successful practice requires a different business savvy now than it has in the past and an entrepreneurial approach to business is a must.
In 2022, 100% of the 66 attendees thought the SIR Business Institute was useful and 73% plan to make changes in their professional practice from the new strategies acquired through the course. To build on the success, SIR will bring back the Business Institute on March 4, 2023, in conjunction with the SIR Annual Scientific Meeting in Phoenix. Registration for the 2023 course opened in November.

The Business Institute provides that knowledge through sessions on:

- Private equity and consultants
- Hiring the right partners, associates
- Marketing
- Billing, insurance contracting and optimizing revenue cycle performance
- Electronic health record (EHR) and practice operating platforms
- Social media and cybersecurity
- Fraud and abuse issues applicable to OBLs

In October, SIR launched the IR Business Center (irbc.sirweb.org) to serve as an online marketplace for interventional radiology practices of all types to obtain key resources, services and products.

**Tools to support practices**

In October, SIR launched the IR Business Center (irbc.sirweb.org) to serve as an online marketplace for interventional radiology practices of all types to obtain key resources, services and products.

**IR Business Center**

Available as a subscription or a-la-carte resource, IR Business Center products and services provide the tools needed for private practices to thrive in their chosen model—whether it is a solo practice, group practice, office-based lab or ambulatory surgical center—including patient consent and discharge forms, billing and coding guidance, operations and management booklets, marketing booklets, staffing guides, and more. The Business Center also features 5 vetted affinity partners offering equipment, devices, insurance, financial services and other business solutions.

**SINCE ITS LAUNCH IN OCTOBER, IRBC.SIRWEB.ORG HAS RECEIVED**

6,278 Site visits
Advocacy in action
Advocacy in action

**SIR ensures Rhode Island mandates UFE coverage**

After several months of effort and education by SIR staff and members, the Rhode Island State Legislature passed a bill to mandate coverage of uterine artery embolization (UAE) for the treatment of fibroids.

SIR worked with the bill’s sponsor, Rhode Island State Representative Camille Vella-Wilkinson, D, to ensure UAE for the treatment of fibroids was included in this legislation. Rhode Island Governor Daniel McKee signed the bill on July 22, flanked by SIR members Theresa M. Caridi, MD, FSIR, and John A. Lipman, MD, FSIR.

Under this new law, beginning on Jan. 1, 2023, all insurance plans that cover obstetric and gynecological care must also provide coverage for a range of fibroid treatments to include uterine artery embolization, intraoperative ultrasound guidance and monitoring, and radiofrequency ablation.

**AMA adopts SIR co-sponsored resolution on parental leave**

In November, the AMA House of Delegates approved an SIR co-sponsored resolution to modify existing policies that encourage the implementation of parental, family and medical necessity leave for medical students, residents, fellows and physicians. The adopted resolution called on AMA to:

- Study the effects on, and feasibility of, medical schools, residency programs, specialty boards and medical group practices enacting a 12-week minimum leave allowance
- Recommend that medical practices, departments and training programs strive to provide 12 weeks of paid parental, family and medical necessity leave in a 12-month period for their attending and trainee physicians as needed

The change in policy recognizes the fact that physicians care not only for patients, but for their own family members as well. Parental, family and medical leave will allow physicians to stay focused on patients by ensuring they have support to care for their own families.

SIR worked closely with the American College of Radiology to ensure this resolution’s adoption.

**Other wins**

- SIR joins American Diabetes Association’s Amputation Prevention Alliance
- SIR joins steering council of the American Heart Association’s PAD National Action Plan
- SIR advocates for reduction in cuts to Medicare payments, minimizing the impact of Medicare Physician Fee Schedule cuts on member practices.
Fighting for your practice
SIR’s economics and regulatory affairs team continues to fight to protect your Medicare reimbursements.

Medicare Physician Fee Schedule
Due to SIR’s regulatory advocacy as part of the Medicare Physician Fee Schedule (MPFS) 2023 rule finalization, the “angio technician” labor type has been changed to a “vascular interventional technologist” with an increased rate of reimbursement. In 2022, SIR partnered with the American Society of Radiologic Technologists to submit radiologic technologist wage and salary survey data from 2022. CMS now has specific wage data which will allow it to no longer rely on crosswalks for pricing and make use of direct Bureau of Labor Statistics wage data for the occupation. As a result of SIR’s actions, CMS will update the pricing of a vascular interventional technologist from 0.60 to 0.84. This effort also increased the wages for “mammography technologists” from 0.63 to 0.79, and the “CT 2 technologist” from 0.76 to 0.78.

In addition, thanks to SIR’s advocacy on the MPFS, two new codes to IR related to percutaneous arteriovenous fistula creation were valued well (CPT® codes 36836 RVU of 7.20 and 36837 RVU of 9.30).

While we achieved this win, the November MPFS rule did not apply the conversion factor fix we advocated for in our September comments letter. Over the objection of SIR and many other medical societies, CMS reduced the 2023 Medicare conversion factor to $33.06, a decrease of $1.55 from the CY 2022 PFS conversion factor of $34.61. The reduction was due to the expiration of the 3% supplemental increase applied in 2022. SIR’s government affairs team actively fought for this oversight to be corrected through congressional action.

While that fight is ongoing, SIR hosted an educational webinar to inform members on what the significant Medicare reimbursement cuts for interventional radiologists means for IRs’ practices and patients, and informed members about how they can help the fight to protect their reimbursements.

The wins on MPFS are from just one of 18 comments SIR submitted to CMS and other public and private payer rule making bodies in 2023. SIR continues to work through coalitions with allied health organizations to influence the outcomes of federal rule making in ways that protect patient access to IR care.

Another example is the work with a comment letter providing feedback to CMS on the design, sampling and fielding of a future practice expense survey. The data in such a survey could be used to estimate indirect practice costs and impact practice expense valuations. Our joint letter provided a clear roadmap to CMS to estimate these costs fairly and provide opportunities for stakeholders to offer feedback on the data collection process, review the collected data and to consider how it will be employed in future rate setting. A third SIR comment letter achieved transitional pass-through status for the EVOKE® Spinal Cord Stimulation System through the Hospital Outpatient Prospective Payment System rule published in November.
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Year in review
Return of the SIR in-person annual meeting

SIR 2022 Annual Scientific Meeting

For the first time since 2019, the interventional radiology community gathered together in person for an SIR annual meeting—the SIR Annual Scientific Meeting, June 11–16, in Boston. The meeting’s tremendous energy was a tribute to the Annual Meeting Committee who developed a meeting that was as valuable as it was memorable:

- **Program Chair**: Nadine Abi-Jaoudeh, MD, FSIR
- **Workshop Program Chair**: Baljendra Kapoor, MD, FSIR
- **Scientific Program Chair**: Maureen P. Kohi, MD, FSIR
- **Scientific Program Vice Chair**: Erik N.K. Cressman, MD, PhD, FSIR
- **Special Program Chair**: Gloria M. Salazar, MD, FSIR
- **2021 Program Chair**: Costantino Peña, MD, FSIR
Highlights of the meeting included:

- The scientific program featured 400 original scientific presentations, 120 scientific poster presentations and 105 digital educational exhibits. The four Abstracts of the Year and 12 Featured Abstracts recognized highly impactful research across the IR domain, exploring topics critical to improving patient care: interventional oncology, women’s health, pain management, height restoration, artificial intelligence and more.

- Live-streamed plenaries provided those unable to travel to Boston with the opportunity to learn from NIH guest speakers Janice Lee, DDS, MD, MS, and Monica Webb Hooper, PhD, enjoy the 2022 Film Panel, and more, via the new SIR Now platform. Likewise, SIR On-demand (formerly the Digital Video Library) was made available for no additional charge to all SIR 2022 registrants, providing complimentary access to all of the meeting’s recorded programming.

- Riad Salem, MD, MBA, FSIR, presented the 2022 Dotter Lecture, “An Intentional Philosophy.” In his lecture, Dr. Salem talked about mentoring as an approach that goes beyond simple coaching, explaining why good mentorship can be so impactful.

- Melina R. Kibbe, MD, FACS, FAHA, delivered the 2022 SIR Women in Interventional Radiology (WIR) Section InspiRed Lecture, “Paths to leadership for women in academic medicine,” which looked at the significant disparity between women and men in leadership roles within medical academia, scholarly journals and companies.

- Sanjay Misra, MD, FSIR, presented the PAD National Action Plan, a multisociety, collaborative effort with the American Heart Association that seeks to slow the spread of PAD and raise public awareness about the disease state.

- The annual popular Extreme IR session explored the nuances of 35 cases curated over 3 years, through open calls on social media and SIR Connect.

- The SIR International Scholarship Program celebrated both a return to in-person events and its 10th anniversary. The program, which has awarded International Scholarships to 134 individuals from more than 40 countries over the course of its history, provides physicians from other nations with an opportunity to learn, connect with other medical professionals, and share their home country’s techniques at the SIR Annual Scientific Meeting.
The Journal of Vascular and Interventional Radiology

The Journal of Vascular and Interventional Radiology’s (JVIR) journal impact factor (JIF) rose to a new high—3.682, a 6% increase over the prior year’s measure and the highest JIF among journals dedicated to interventional radiology. Other achievements from the year include:

- First redesign in more than 10 years, featuring a new image on each issue’s cover, thumbnail images in the table of contents, more visual abstracts and more to enhance and unify the journal’s brand and improve the reader’s experience
- Expanded editorial workshops at the SIR annual meeting helped strengthen current and future author’s writing, editing and critical thinking ability
- Launch of a new yearlong editorial fellowship for residents created a new pathway for entry into JVIR leadership roles, while providing residents with specialized editorial training
- Enhanced social media coverage via video abstracts and audio abstracts to further disseminate important research results published each month
06
Treasurer’s letter, budget summary and member makeup
SIR financial summary

2022 was a year of investment into transformative products, programs and research initiatives for the Society of Interventional Radiology and SIR Foundation. As we returned to in-person events like the annual meeting, the organization launched new ventures to deliver products and services to our members. We placed a focus on transforming how we deliver education and resources with the launch of the IR Business Center and SIR Now. For many years the emphasis of SIR education has been clinical in nature; however, there has been renewed investment in providing education and resources catered to private practice.

SIR

Fiscal 2022 capped the first year coming out of the pandemic with a healthy financial position. The Society of Interventional Radiology (SIR) incurred a loss for the year of ($557,571). Total revenues in 2022 were $11,686,914 which is $2,599,252 higher than they were in 2021. The increase stemmed from corporate support and promotional opportunities related to the CAP program, the return to an in-person annual meeting, increased revenue related to IR Quarterly and SIR Today advertising royalty and JVIR editorial support, and increased membership dues as SIR membership rebounds from membership losses during the pandemic.
Total expenses in 2022 were $12,244,282, which is $3,895,981 higher than what they were in 2021. Functional areas that drove this increase were the return to in-person educational events like the annual meeting and Y-90, investment in the VIRTEX SIR Data Registry, and the expansion of investment in practice resources through the development of the IR Business Center.

SIR was in a great financial position to invest in and develop new programs even as the society’s long-term investment portfolio suffered losses during the volatility in the markets in 2022. Performance of investments resulted in a net loss of 22.6% for fiscal year 2022. Investments total $8,809,392 on Dec. 31, 2022. The portfolio is invested in a number of equity and fixed-income mutual funds that is in line with the long-term objectives of capital appreciation for the portfolio. SIR continues to maintain its strong financial position. As of Dec. 31, 2022, the society had assets of $13.8M and liabilities of $3.9M, with net assets of $9.9M. Net assets decreased overall by $2.5M in fiscal year 2022 from the negative bottom line and investment returns.

### SIR 2022 statement of activities (unaudited)

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<th>Revenue</th>
<th>SIR</th>
<th>FY 2022 actual</th>
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<td>Dues</td>
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<td>Member products</td>
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<td>Other</td>
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<td><strong>Total Revenue</strong></td>
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<table>
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<tr>
<th>Expenses</th>
<th>SIR</th>
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<td>VIRTEX</td>
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<td><strong>Operating expenses</strong></td>
<td><strong>13,079,282</strong></td>
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| Management fee | 835,000 |
| **Total expenses (net mgt fee)** | **12,244,282** |

| Net operating income | **(557,368)** |
2022–2023 SIR Board of Directors roster

Parag J. Patel, MD, FSIR  
Alda L. Tam, MD, FSIR  
Robert J. Lewandowski, MD, FSIR  
Raymond W. Liu, MD, FSIR  
Matthew S. Johnson, MD, FSIR  
Theresa M. Caridi, MD, FSIR  
Derek Mittleider, MD, FSIR  
Nishita Kothary, MD, FSIR  
Akhilesh Sista, MD, FSIR  
Meridith J. Englander, MD, FSIR  
Daniel Y. Sze, MD, PhD, FSIR  
Keith M. Hume

President  
President-elect  
Secretary  
Treasurer  
Immediate Past President  
SIR Foundation Chair  
Private Practice Director-at-large  
Director-at-large  
AMA Delegate  
JVIR Editor-in-chief  
SIR Executive Director