Letter by Lee et al Regarding Article, “Training of Future Interventional Neuroradiologists: The European Approach”

To the Editor:

We read with concern the paper by Flodmark et al1 entitled “Training of future Interventional Neuroradiologists, the European Approach.” The authors have produced a training charter for interventional neuroradiology (INR) based on assumptions of a training deficit, an insufficiency of INR recruits and widespread representation and approval from other medical speciality stakeholders. Unfortunately, these assumptions are seriously flawed.

The assertion that “Training in INR has been a matter between trainee and teacher and thus the result has often been less than suboptimal training with a long learning curve, with patients paying a high price” is an affront to the many excellent training programmes in INR throughout Europe, which produce highly skilled and competent INRs. This statement by the authors is anecdotal and without evidence.

The authors’ assumption that there is an insufficiency of INR recruits is not supported by evidence. In fact, there is no mapping of the numbers or distribution of INRs throughout Europe. For a training charter of this kind, mapping of the proposed deficiency of INRs is extremely important and a glaring omission of this training charter. In fact, Ferella et al2, in the Journal of Neurointerventional Surgery, have suggested that there are too many trained INRs in the United States for the proposed workload, and that training programmes for INRs should be suspended. This is because the numbers of patients with cerebral aneurysms and arteriovenous malformations are relatively constant and the expected explosion in intra-arterial stroke treatments is dependent on the results of randomized controlled trials that have not all finished. Another glaring omission is the fact that interventional radiologists are not mentioned at all in this inclusive charter. Interventional radiologists are a highly trained and skilled group of interventionalists who are already performing many INR treatments throughout Europe, including stroke treatments, aneurysm coiling, and arteriovenous malformation treatments. The CardioVascular Interventional Radiology Association of Europe (CIRSE) represents interventional radiologists throughout Europe and was not consulted with regard to this training charter.

The authors claim that the European Society of Neuroradiology (ESNR) was one of the scientific European societies that was kept continuously informed of the progress of this project. Different versions of the training charter were discussed within the Executive Committee of the ESNR, but no consensus was ever reached on the document. Moreover, the final draft of the document was never formally submitted for approval to the Executive Committee of the ESNR and was thus never ratified by ESNR or published in the society’s journal, Neuroradiology. The authors also state that “officers of the European Society of Radiology (ESR) participated in the joint committee meetings at which these guidelines were discussed and approved.” In fact, the ESR had never been consulted by any other institution or organization regarding the INR Training Charter nor requested to delegate experts to participate in its preparation; therefore, if any ESR member or officer participated in the preparation and endorsement of the above document, he or she had done so in his or her function unrelated to ESR, without any authorization or mandate from ESR to do so. Because ESR received information about the said document in preparation, it has many times expressed its most severe concerns about both the process and the content to European Union of Medical Specialists (UEMS) officers, including the General Secretary and the Chairman of the Radiology Section, apparently without any visible effect.

Finally, the authors claim that UEMS “is involved in professional issues important to European specialists and has a significant influence in how these issues are formulated in the directives and laws introduced in the European parliament. It is also the one and only representative of medical specialists to the European Commission and Parliament. This means that most decisions regarding medical specialists are prepared in cooperation with the UEMS.” This is a very misleading statement. UEMS is a nongovernmental organization with no official or legal standing within the European Parliament, Commission, or Council.

In summary, this training charter does not represent the views of the Scientific European Radiology organizations; there has been no mapping of the suggested training quality deficit or deficit in INR numbers throughout Europe, and a large body of current practitioners (interventional radiologists) have been excluded.

Disclosures

None.

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