Response to Letter Regarding Article, “Training of Future Interventional Neuroradiologists: The European Approach”

Response:

We thank Lee et al1 for their interest in the European Union of Medical Specialists (UEMS) Training Charter for Interventional Neuroradiology (INR).

Setting standards for training where none exist can be perceived as controversial because it may imply that previous training has been insufficient or needs to be improved in one way or another. Assembling training charters, including detailed curricula defining the content of a training program, is an important task within any specialty; it is in fact so important that UEMS is using the training curriculum as the definition of a specialty. Whether there is a need to expand the number of specialists within a specialty or not is not the issue, when training guidelines are nonexistent. The important issue is to define the body of knowledge and formulate a curriculum that is accepted by those practicing the specialty. In doing so, the first priority must be patient safety, whereas professional issues, such as prestige and more or less open turf battles, must be of a lower priority.

This training charter in INR is also the first such document which has been prepared and approved conjointly by representatives from all those specialties involved in the field of INR. The other way of doing this would be for each specialty to construct their own training guidelines independently of each other, which will lead to heterogeneity regarding competence and practice. This would not be in the interest of the patients who must be able to rely on physician’s real competence.

INR is a relatively new body of knowledge that in most countries is not recognized as a specific and independent specialty. It is unique in the fact that those practicing INR today mostly have a strong base in neurosciences mainly from within clinical neurosciences or neuroradiology but may also come from other backgrounds, such as radiology and in some cases cardiology. Which one of these turns out to be the dominant parent specialty varies between countries and depends very much on national traditions and local rules and regulations for practicing medicine. Thus, it is necessary to define the training in INR in such a way that any specialist, whatever the background, can obtain real competence in INR by going through a prescribed training program; this way all are included, even an interventional radiologist. A training program that is designed to favor certain specialists, by prescribing a shorter training program based on formal rather than real competence, is doomed to fail, as such a program will not be respected by all and will soon fall into disrepute and being ignored. A training program that is inclusive, rather than exclusive, can gain a much wider acceptance and recognition as generally accepted standards of training.

Standards of training can never be binding unless they are included in a nation’s legislation. Hence, the critical thing is not to have a charter of training approved and endorsed by a general society, such as the Council of UEMS,2 but rather to have the standards approved and supported by the scientific community most concerned with the body of knowledge in question. The global society representing the highest scientific standards in INR is World Federation of Interventional and Therapeutic Neuroradiology (WFITN), and it has endorsed the UEMS Training Charter for INR. This is also the only group in the world that has been active in publishing training and good practice guidelines, also used as source documents in the present guidelines from UEMS.

UEMS is a nongovernmental organization representing national associations of medical specialists in the European Union (EU) and in its associated countries. It consists of a council of delegates (representing EU and associated countries) and sections (representing medical specialties). It has earned a good reputation and is respected in Europe as an organization concerned with professional issues for specialist doctors and with some influence in Brussels. Although not legally binding in the individual country, published training guidelines (Chapter 6) are usually used as templates when national binding regulations are lacking and are usually respected by those practicing the specialty. When competence becomes questioned, as in a medical legal case of possible malpractice, the practitioner will become vulnerable, whether we like it or not, if he or she is not trained according to published and respected international training guidelines.

In summary, in this new therapeutic concept called INR, the definition of the way physicians have to be trained before practicing is a key-point to insure the patients receive a high-quality level of INR treatments. Surprisingly, Lee et al1 are not proposing an alternative way of training INR physicians. Indeed, the quality of training has nothing to do with the number of physicians who have to be trained because quality has to be the same irrespective of the number. Finally, interventional radiologists are welcome to practice INR but first after appropriate training.

Disclosures

None.

Olof Flodmark, MD, PhD
Department of Neuroradiology
Karolinska University Hospital
Stockholm, Sweden

Wolfgang Grisold, MD
Department of Neurology
Kaiser Franz Josef Hospital
Wien, Austria


Response to Letter Regarding Article, "Training of Future Interventional Neuroradiologists: The European Approach"
Olof Flodmark, Wolfgang Grisold, Bernd Richling, Harald Mudra and Laurent Pierot

Stroke. 2013;44:e47-e48; originally published online March 7, 2013;
doi: 10.1161/STROKEAHA.111.000678

The online version of this article, along with updated information and services, is located on the World Wide Web at:
http://stroke.ahajournals.org/content/44/5/e47

Permissions: Requests for permissions to reproduce figures, tables, or portions of articles originally published in Stroke can be obtained via RightsLink, a service of the Copyright Clearance Center, not the Editorial Office. Once the online version of the published article for which permission is being requested is located, click Request Permissions in the middle column of the Web page under Services. Further information about this process is available in the Permissions and Rights Question and Answer document.

Reprints: Information about reprints can be found online at:
http://www.lww.com/reprints

Subscriptions: Information about subscribing to Stroke is online at:
http://stroke.ahajournals.org/subscriptions/