

## The Strategic Plan of Spanish Society of Vascular and Interventional Radiology

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The Spanish Society of Vascular and Interventional Radiology (SERVEI) has been discussing the present and future of Interventional Radiology (IR) since its creation in 1987. After a long time of discussion, without getting a clear path, the Spanish IR reality is that we are in fact a subspecialty/specialty but not by law. IR is present in all universities, in general hospitals and in many district and private hospitals throughout the whole country. IR is already a subspecialty in other countries; however, nobody doubts that a formal and official training for this discipline is beyond the current training of diagnostic radiology. According to these facts, SERVEI decided to hire an important consulting company to help us conduct efficiently our own “know-how.”

The main goal of any medical education is to train competent professionals and to develop knowledge, skills, attitudes and behaviors [1]. Interventional Radiology has reached an incredible development and new advances for the care and treatment of patients in the last decades. The SERVEI, together with other European and American societies [2, 3], has decided that it is time to change, and the IR should become an independent subspecialty/specialty. Currently, the teaching of the IR in Spain has been carried out with an antiquated educational model (teacher–apprentice) in which the apprentice after repeatedly observing his teacher’s procedures performs similar procedures only under the supervision of his teacher.

The knowledge acquired during the daily work carried out in any Interventional Radiology departments has certified previous interventional radiologist resulting that this antiquated model is a good model and works in such a way. However, it is understood that this type of education lacks of a backbone plan, a clear development of the objectives, organization, a yearly program, supervision and a final evaluation for the certification process. Definitively, this type of education is not the appropriate and correct education model for the twenty-first century.

Several important challenges are pending for IR to reach the right place it deserves in the current medicine. It will be considered a primary objective for the future that IR will evolve and grow because otherwise it will be extinguished [4].

It seems that there is unanimity that the IR has to focus on the patient’s care and treatment not only because it’s a strategy but because it is what the patient deserves [5]. The precise and adequate training is to have a proper diagnostic imaging practice and the development of clinical experience including technical skills and the knowledge of the available materials. With an outpatient consultation, IR could cultivate an educational environment which will encourage interactions with other clinical departments and specialties to obtain an improvement in our specialty. As Makris and Uberoi [4] said, the general trend today is to move toward an IR subspecialty or an independent specialty, and it would not be forgivable that someone was not prepared for this moment.

The European Society of Vascular and Interventional Radiology (CIRSE) has already published a basic, but essential syllabus for the performance of IR [6–8]. This society evaluates and certifies interventional radiologist since 2010 with the European Board of Interventional

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Radiology (EBIR) certification that has the appraisal and recognition of European Union of Medical Specialists (UEMS) [9]. In fact, in Spain, there are already more than 20 interventional radiologists certified by EBIR although it would be desirable for the vast majority of the interventional radiologist to be certified by CIRSE-EBIR in the coming years.

In Spain, IR depends entirely on the Diagnostic Radiology, and there is no profile for job vacancies for the interventional radiologist in our hospitals. However, in few hospitals, SERVEI pays for 1-year “Fellow training” program, and the education is carried out in the old fashion way “teacher–apprentice.” However, both the SERVEI-Fellow and EBIR accreditation are not part of the current curricula vitae or merits to acquire IR jobs in public or private hospitals in Spain.

With the help of a consulting company (INDRA), a report was drawn up that includes the administrative and legal situation of Radiology in Spain with technical and procedural data, available centers, facilities and centers accredited by SERVEI that would serve for a standardized

training. The appendices and annexes shows the care centers as well as the care activity of the year 2016 (Fig. 1).

With these data, some strategic lines of IR have been drawn to create a subspecialty through an internal analysis and an external one in which the strengths, weaknesses, opportunities and threats are pointed out (SWOT analysis). Obviously, the list of internal and external weaknesses is by far the most extensive. Not only it shows that others see us weak, but also it shows us that we have a weak perception of ourselves as interventional radiologists. From this reflection, SERVEI feels that it plays a key role to enable a strategy for IR as a differentiated clinical practice area with eight actions that should culminate in the declaration of the IR as a subspecialty in Spain (Fig. 2A).

In this document, SERVEI stands as a protagonist and leads the new challenges for the coming years with clear objectives that can be seen in Fig. 2B.

Not only is it enough to feel satisfied with the economic effort and work that SERVEI has carried out. Our main goal is to advertise IR to the society, to the health professionals, to the scientific societies, to the medical



**Fig. 1** Cover of the SERVEI strategic plan

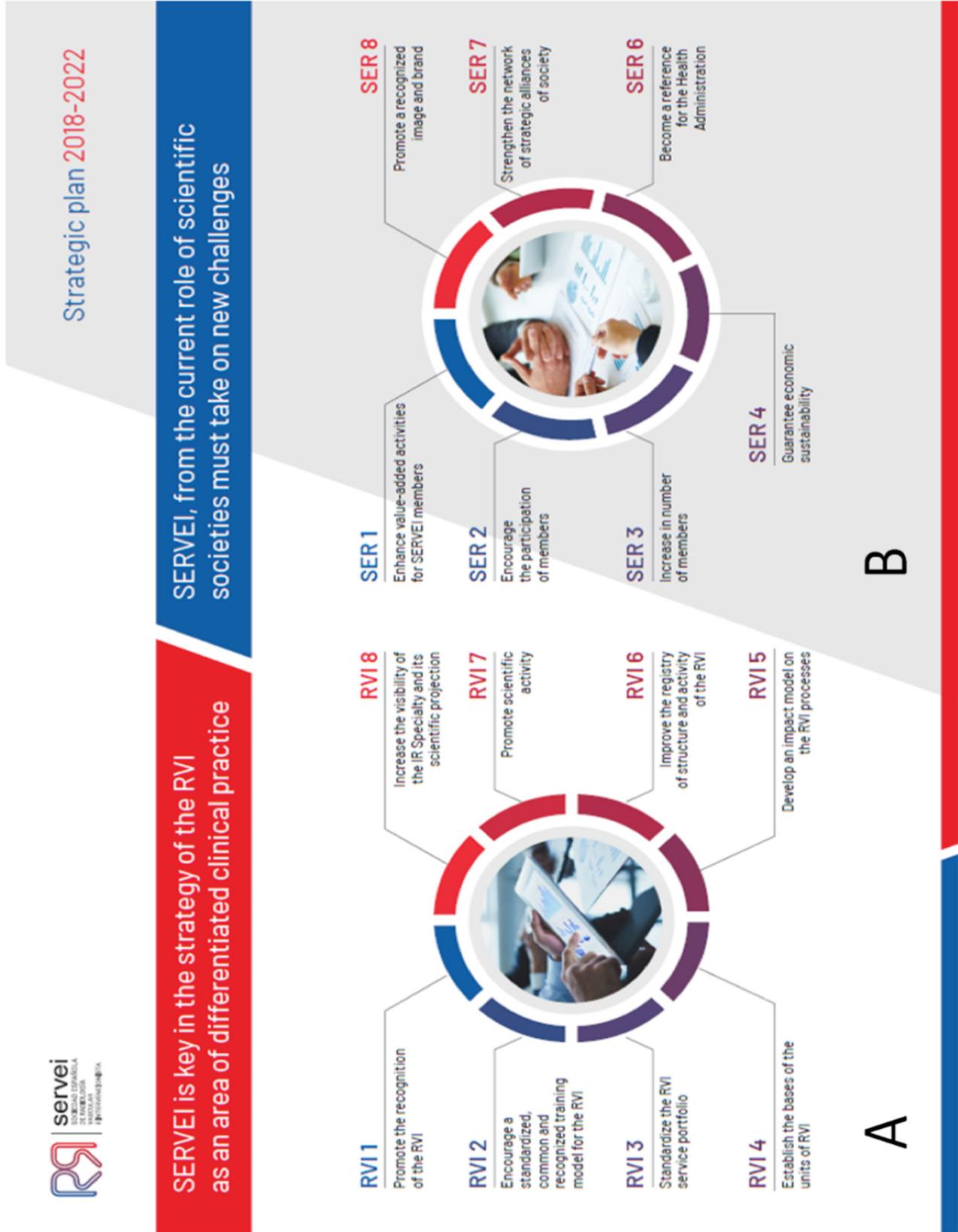


Fig. 2 A Most important objectives to achieve from the SWOT analysis. B SERVEI leadership role in the assumption of new challenges

students. However, explain, justify and negotiate the declaration of the IR as a subspecialty with the Spanish Health Administration is our most challenging objective by now.

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#### **Compliance with Ethical Standards**

**Conflict of interest** No conflict of interest.

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