



Society of Interventional Radiology Position Statement: Mini Training Courses in Interventional Radiology Techniques

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The rapid advancement and innovation of image-guided techniques, devices, procedures, and treatments has led to difficulty for individual interventional radiologists and interventionalists to keep pace with new developments. In part for this reason, numerous short industry-sponsored and weekend (1–2 d) training courses have been developed. These courses may last for a portion of a day or several days and have a device-oriented focus. Representatives from various groups and interests instruct physicians how to use novel devices directly or indirectly via physician proctors.

The benefit of such courses for physicians is that they provide additional opportunities for practicing interventionalists to obtain familiarity with new devices. The benefit for the sponsoring groups is the opportunity to promote new products directly and via an interactive approach (eg, in the case of industry-taught courses) and/or the opportunity to broaden scope of practice (eg, in the case of specialist societies aiming to quickly expand into new practice territory). Such courses also provide opportunity for direct feedback from interventionalists to further improve the devices or to understand nuances particular to the device(s).

The assumption is that physicians undertaking these courses have a thorough understanding and familiarity with the prerequisite “core” interventional radiology or image-guided techniques, including core concepts such as basic wire and catheter technique, image guidance, and radiation safety. For example, a practicing interventional radiologist who performs endovascular aortic repair may wish to learn how to deploy a new type of aortic stent-graft, and therefore decide to attend an industry-sponsored training minicourse with this specific intent. If the radiologist felt comfortable and safe at the completion of the minicourse to use the new device, this would be an acceptable and useful approach to attain the required device-specific competence.

A risk, however, is the inherent conflict of interest involved with such brief training courses and its potential for misuse and misrepresentation: these courses may be viewed by some people within industry and/or medical practitioners as equivalent to training in core interventional radiology or image-guided techniques, and used as an alternative to prolonged, traditional, physician-based training.

Extensive literature has been published on the risk of financial conflicts of interest (1), including from the Standards Division of the Society of Interventional Radiology (SIR) (2). For example, previous research has demonstrated that industry-sponsored, all-expenses-paid physician trips to attend symposia resulted in a significant change in pharmaceutical prescribing patterns (3). In some cases, a similar effect was observed from much cheaper, industry-sponsored lunches and dinners (4). Numerous other studies have further validated the potential bias from financial and nonfinancial conflicts of interest on medical practice (5,6). There is similar evidence of the potential for harm within the medical device industry (2,7,8).

One- to 2-day minicourses typically result in the attainment of a completion or “graduation” certificate. These certificates should not be regarded as evidence of competence in core interventional radiology techniques and should not supersede the necessary, formalized core interventional radiology training. For example, a practicing non-interventional radiology physician who has not been formally trained in basic guide wire techniques should not consider a 1–2-day training minicourse as evidence of competence necessary to apply for privileges to perform core image-guided procedures. SIR continues to develop training and competency guidelines that represent a physician-determined consensus (9–14). The goal is to maintain the highest level of patient care and to protect patients, physicians, and those offering these minicourses.

It is SIR’s position that such brief training courses are a useful and valuable method by which to adjunctively attain familiarity with a specific technique or device among physicians with a solid knowledge base and understanding of the necessary, prerequisite core interventional radiology techniques.

Such industry-taught and weekend (1–2 d) courses should not be viewed as evidence of competence without this core foundation, and in no way replace core physician- and hospital-based interventional radiology training and credentialing standards. Proper training in core interventional radiology techniques remains the responsibility of formalized, hospital-based training programs operated by appropriately credentialed and board-certified interventional radiologists.

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