British Society of Interventional Radiology
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BRITISH SOCIETY OF NEURORADIOLOGISTS

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Supplementary guidance to facilitate the training of interventional radiology (IR) consultants to undertake stroke thrombectomy

This document is a supplement to the current BSNR training guidance for mechanical thrombectomy[1] setting out the core recommended training for doctors wishing to perform stroke thrombectomy in the UK.

This supplementary guidance only applies to consultant interventional radiologists who have undertaken a period of training in a range of diagnostic and interventional radiology practice culminating in the FRCR and a period of post-FRCR training in IR, or IRs who have demonstrated similar levels of training, experience and qualification by equivalence.

It is anticipated that with this background, transferrable knowledge and skills will facilitate more rapid training, enabling IR consultants to undertake stroke thrombectomy, and contribute to the roll out of this important service in the UK.

In order to support training, there should be a formal agreement with the employer/responsible organisation and where necessary across directorates and trusts to allow a period of additional training/mentoring for IRs. This agreement should define the likely duration of training, the number of sessions the consultant will spend in training per week, the criteria that determine when training is completed and any additional backfill or support that may be required during this period.

The supervising consultant and or centre may also require additional support which will vary within units depending on the local infrastructure and manpower. There should be a formal agreement involving the local trainer, the training centre (if different unit) and clinical director/medical director, regarding at what point the IR consultant can commence independent stroke thrombectomy, with the involvement of local healthcare governance.

It is likely there will be different phases (of a variable length dependent upon the acquisition of the necessary knowledge, practical skills and case experience):

1. Phase 1 training under direct supervision
2. Phase 2 training under indirect supervision
3. Phase 3 independent practice.

Current IR consultants should therefore undergo a period of training/mentorship under the supervision of an interventional neuroradiologist (INR) who is currently undertaking stroke thrombectomy. This could be provided locally, nationally or in an internationally recognised stroke centre. Ultimately this will require the levels of practice and skill deemed suitable by local governance and with the agreement of trust medical directors.

The training would include clinical understanding of the principles of stroke management, diagnostic imaging interpretation relevant to stroke thrombectomy, as well as the practical techniques of stroke thrombectomy and aftercare. This can be achieved by mentorship in a

stroke centre including attendance at relevant multidisciplinary team meetings aiming to achieve a standard level of training

The arrangements as to how IRs could be offered the opportunity to develop these skills could include:

- Dedicated full-time attachments to neuroradiology units
- Part-time attachments
- Attendance at interventional and diagnostic lists, working with INR
- A process for including IRs at the time that thrombectomy is being performed (both in and out of office hours).

There may be many models, dependant upon local circumstances, which would allow IRs and INRs to work together to develop such teams, allowing sharing of skill sets between both groups (such as IR experience of carotid bifurcation stenting as well as thrombectomy procedures, imaging and work-up). These must not compromise the provision of INR or IR services. Job plans must recognise the elective and emergency commitment of all consultants (recognising that there may be a need for more than one consultant)

Once adequate training has been achieved this should be clearly stated, but like all interventional procedures it is subject to continued practice and local/national audit of that practice and outcomes.

Reference

[1] Lenthall R, McConachie N, White P, Clifton A, Rowland-Hill C. BSNR training guidance for mechanical thrombectomy. *Clin Radiol* 2017; **72**(2): 175.e11–175.e18.

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