

We caught up Dr. Fabrice Deprez, representing the French-speaking community of Belgian IRs, and Dr. Tom de Beule, representing the Flemish-speaking community.



Welcoming the Belgian Society of Radiology to CIRSE!



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In 2017, the CIRSE family acquired several new group members, bringing the number of national and regional societies under the CIRSE umbrella to 38: 25 European Group Member Societies and 13 Group Members from South America, the Middle East and the Asia-Pacific region makes CIRSE membership truly international: over 7,000 academic members with a near complete, yet further expanding European base and one quarter of CIRSE members practising IR outside of Europe. Amongst these new members, an important partner is the Belgian Society of Radiology, who help close one of the few remaining gaps in the European network of IRs. The society has an active IR section, headed by two energetic young interventionalists: Dr. Fabrice Deprez, representing the French-speaking community of Belgian IRs, and Dr. Tom de Beule, representing the Flemish-speaking community. CIRSE spoke with both to find out how IR is currently faring in Belgium, and how they hope to advance the specialty further.

CIRSE: The Belgian Society of Radiology (BSR) has recently become a CIRSE Group Member; how would you like to see these two societies working together?

BSR: The IR section is a very active and growing section of the BSR. We are trying to develop close relations with the other European IR societies (especially with the French and the Dutch societies), and consequently, we want to be an active and innovating member of CIRSE. One of our major goals is to improve IR networking, enhance IR's visibility and recognition in terms of public and politics, and increase professional defence. For this reason, we endorsed and actively support the European Board of Interventional Radiology (EBIR).

CIRSE: How big is the Belgian IR community? Is there a robust network, and if not, what are the hurdles?

BSR: The Belgian IR community is quite small. Probably only half of IRs have a non-vascular daily practice. The main problem is that we still don't have IR title recognition. Consequently, we don't have a specific IR nomenclature, specific IR suites and equipment recognition, or a coherent identified nationwide IR service. The main consequence (and cause) is a noticeable lack of awareness at the government level. The initial problem is probably a relative lack of interest from the general radiological community, and probably a lack of united action by interventional radiologists. Moreover, with this situation, Belgian IR suffers from a fierce competition with other medical specialties: mainly vascular surgery, but also interventional cardiology, gastroenterology, urology, orthopaedics... Lastly, Belgian IR is largely underfunded, which is why it is difficult to maintain high levels of activity in smaller hospitals.

CIRSE: How is professional IR accreditation handled in Belgium? Is there professional interest in the EBIR certification?

BSR: As mentioned, we don't actually have any IR title recognition in Belgium yet. Consequently, EBIR certification doesn't have any legal value in our country. However, we are fighting for the creation of a Belgian IR title, based on the European Curriculum and Syllabus for Interventional Radiology, and the IR section actively encourages all our members, especially the youngest, to obtain the EBIR certification.

CIRSE is very excited to welcome the Belgian Society of Radiology as its new Group Member.



CIRSE: A radiology training curriculum was recently introduced under Belgian law: how is IR addressed under this curriculum?

BSR: We don't yet have any specific IR curriculum in Belgium. The first step of the Belgian Society of Radiology was to modernise the general title of radiologist (the last Belgian definition was written in 1979!), and we included basic IR skills in the new radiology curriculum. However, this new global title is still not published under Belgian law.

CIRSE: Quality assurance is a topic of interest for the Belgian Society of Radiology: what progress is being made? Are any IR-specific measures being discussed?

BSR: These last years, quality measures promoted by the BSR were essentially about radioprotection. For the Belgian IR, future challenges will concern IR title and curriculum legal recognition, and can be based on the European Curriculum and Syllabus for Interventional Radiology. One major concern will be integrating IR in global healthcare missions: for example, everyone actually agrees that a stroke centre cannot exist without an IR unit; it should be the same for an oncology centre, or a trauma centre...

CIRSE: Is IR represented in the recently finalised coordinated stroke units? What impact is this having on patient pathways?

BSR: In Belgium, neurointerventions are a part of general IR activities, and we don't have a specific neurointerventionist title, as we don't have IR title legal recognition. Most of the interventional radiologists who perform neuro IR (stroke or

embolisation) also perform a wide spectrum of IR activities (e.g. vascular IR or interventional oncology). As recognised by EBIR, stroke management is a specific competence of IR, and we have appropriate IR units offering stroke endovascular therapies in all the main cities of the country.

CIRSE: In your opinion, what are the key things that IRs globally could learn from their Belgian colleagues? Conversely, what could Belgian IRs improve?

BSR: Belgian interventional radiologists should really be more federated, in order to promote IR recognition with more efficiency. Belgian general radiologists should understand that IR is an essential part of radiology spectrum, and must be defended. However, as we work in a very competitive and underfunded healthcare environment, we think that Belgian IRs have developed a lot of adaptive skills and some ingenuity that we would be pleased to share!

Group membership offers many mutual benefits: strong alliances between CIRSE and national societies help IRs, in Europe and beyond, to connect and face challenges together as a global network. It enables CIRSE to better foster the growth of IR at a regional level, and lend its resources, expertise and support in a tailored manner.

Ciara Madden, CIRSE Office



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