

The Role of Clinical Associate Members in the Society of Interventional Radiology

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THE Society of Interventional Radiology (SIR) is pleased to introduce the first in a series of position papers on the topic of clinical associates in the field of interventional radiology. The first, published in this edition of the *Journal of Vascular and Interventional Radiology*, is a position paper regarding the role of physician assistants in our field. Further position papers regarding the role of nurse practitioners, clinical nurse specialists, radiology assistants, and radiology practitioner assistants will be published in subsequent issues of the

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Journal. The role that clinical associates assume in our daily practices is growing exponentially. Many practices employ clinical associates on a full-time basis; however, the role that each individual takes varies widely from practice to practice. Many physician members of our Society remain confused of the role that each type of clinical associate may assume. It is largely for this reason that position statements from the Society were considered vital—to facilitate discussion on the role that clinical associates play, and to act as a springboard to open dialogue between members regarding what functions our nonphysician colleagues may routinely assume.

The Clinical Associate member category of the SIR was first opened for enrollment in March 2000. Since that time, it has routinely been one of the two fastest growing membership categories on an annual basis (alternating with the member-in-training category). Since its inception, the Clinical Associate category has seen an average annual growth of 80%; we currently have 138 members in this important membership category.

The importance that our nonphysician colleagues have in SIR is indicated not solely by the publication of these position statements. A new standing committee (the Clinical Asso-

ciate committee) within the Member Services Division was introduced at the Annual Meeting in 2007. The mission of this committee is largely to ensure that our Clinical Associate members are having their needs met by the SIR and to assist SIR physician members in understanding the role that clinical associates may assume in their clinical practices. It is hoped that the committee will also promote an open dialogue between physician and nonphysician members of the Society. This committee has already been very instrumental in developing the position papers mentioned earlier, and is working with the Annual Meeting Committee to ensure coverage of appropriate topics for all attendees. Future endeavors, including such diverse and important tasks as hospital credentialing and the use of fluoroscopy by nonphysicians, will fall under the realm of the Clinical Associate committee.

The Society fully recognizes the increasingly important role that our Clinical Associate members are assuming in both the Society and the field in general. It is with great anticipation that we expect further growth within this membership category and increased involvement in our society by our nonphysician clinical members.