
Who is an interventional pulmonologist in India? - Time to bell the cat

Sir,

As is, with many other aspects of pulmonary medicine, in our country, the exact definition and practice criteria of interventional pulmonology (IP) have not been defined. Many pulmonologists, these days, use the suffix “Interventional Pulmonologist” with their names.

A significant number of pulmonologists are doing basic bronchoscopies with lavage and biopsies and even mediastinal lymph nodes sampling (blind as well as endobronchial ultrasound guided) with finesse and good results. Are these procedures to be called “interventions” as well? And pulmonologist doing these procedures,

interventional pulmonologists? If yes, then what about someone who does advanced airway procedures under rigid bronchoscopy such as stenting, lasers, cryobiopsies, and other advanced bronchoscopic procedures in obstructive airway diseases.

As of now, there is no fixed framework for IP training programs in India. In countries like the United States of America, the method and fellowship periods for IP training are better streamlined.^[1,2] In our country, multiple fellowships and certificate courses are available for IP. Usually, these are 1–2-year courses, post-MD, and some are endorsed by individual universities and others by professional bodies such as the Indian Association for Bronchology. However, such opportunities are few, pushing aspiring interventional pulmonologists to look for such trainings out of the country, mostly to Southeast Asian countries. The domain of IP is not restricted to any degree or postgraduate pulmonology course in our country. However, there is heavy institutional bias to IP training in our country, wherein centers that have good volume of IP work mentor more students truly adapted to IP practice.

Should there be procedural competency or a fixed number of procedures or hours devoted to IP during practice which should be accredited annually, to qualify one to be called as an interventional pulmonologist? The exact legal and ethical values of using the suffix IP also need to be clarified. Medical professionals today are closely being watched by print and electronic media, and even the slightest deviation from standard protocols can have serious legal consequences.

The way forward to answering the issues that we have raised revolves around standardizing the training of IP in our country. The various courses being offered should be brought under a common umbrella, and the entry and exit examinations should be standardized. The basic core competency and the number of procedures to be done annually, to retain the title of IP, should be defined. Till such time, corrective measures may be taken, and professional societies should lay down norms regarding the basic procedures and number of such procedures to use and retain the title of IP. This becomes even more important, in procedures with high complication rates, such as transbronchial cryobiopsies.^[3] Our country is opening up to advanced IP like never before. This is the right time to lay down guidelines for IP training and

practice in India and also to clearly define the usage of the suffix “Interventional Pulmonologist.”

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Conflicts of interest

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