

WIST guidelines: a global solution to increase interventional stroke treatment

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Each year, there are about 110,000 strokes in the UK, 800,000 in the United States, 1 million in the European Union, and 15 million worldwide. For the NHS, the aggregate societal cost of stroke is £26 billion per year, including £8.6 billion for the NHS and social care [1].

Despite the overwhelming evidence for endovascular stroke treatment, in many places in the world, less than 1% of ischaemic stroke patients receive this life and brain-saving treatment [2, 3].

In the UK and many other countries worldwide, one of the major constraints to expanding thrombectomy services is the inadequate number of interventional neuroradiologists to carry out the needed volume of work. An agreement was reached with the General Medical Council and the UK Royal College of Radiologists that experienced clinicians who are not interventional neuroradiologists could – and should – undertake training to equip them with the skills to undertake thrombectomy alone, based on pre-existing knowledge and skills (such as advanced intra-arterial catheter skills). By mapping out a training and credentialing pathway for interventionalists from varying backgrounds, WIST guidelines [4, 5] finally provide a truly collaborative, competency-based, global solution for increasing the number of endovascular stroke treatments for eligible patients with acute ischaemic stroke [6–16]. The WIST training and credentialing strategy has already been effective in different healthcare systems across the world and, more recently, in Scotland, where safe and effective training according to WIST guidelines has been established. With Scottish government support, it is now being delivered in Dundee. Training according to WIST guidelines has enabled the safe incorporation of stroke endovascular treatment into a variety of healthcare settings.

Conflict of interest

The authors declare no conflict of interest.

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