



BIR

The British
Institute of
Radiology



21
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2014

**THE FUTURE OF RADIOLOGY IN THE NHS:
TOP TIPS FOR INTERVIEWS**

Venue: Royal Society of Medicine, London

CPD: 6 CREDITS

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BIR ANNUAL CONGRESS 2015

4-5 NOVEMBER

LONDON

Day 1

- Room 1

Primers for the non-specialists

Session organised by Dr David Wilson, Consultant Interventional MSK radiologist, Oxford University Hospitals NHS Trust

- Room 2

Radiation protection

Session organised by Mr Andy Rogers, Head of Radiation Physics, Nottingham University Hospitals NHS Trust

Day 2

- Room 1

Clinical hybrid imaging in oncology

Session organised by Dr Gopinath Gnanasegaran, Consultant Physician in Nuclear Medicine, St Thomas' Hospital

- Room 2

Musculoskeletal imaging

Session organised by Dr Richard Wakefield, Consultant in Rheumatology, St James's University Hospital

Essentials for the radiology trainee

Session organised by Dr Hardi Madani, Radiology Registrar, Royal Free London Hospital and Dr Ausami Abbas, Cardiothoracic Radiology Post CCT Fellow, University Hospital Alberta

**More information
available soon at
www.bir.org.uk**

Welcome and thank you for coming to 'The future of radiology in the NHS: top tips for interviews' organised by the British Institute of Radiology.

The BIR Young Professionals and Trainee Special Interest Group have put on this one-day event to not only provide you with invaluable preparation for interviews but to also inform on recent NHS changes and management issues facing future trainees.

We have a number of posters displayed in the foyer, where students, trainees and consultants will be showcasing their current research. Please take the time to view these and ask the author(s) questions.

The BIR and the Young Professionals and Trainee Special Interest Group wish you a very enjoyable and educational experience.

Certificate of attendance

This meeting has been awarded 6 RCR category I CPD credits.

Your certificate of attendance will be emailed to you within the next two weeks once you have completed the online event survey at:

<https://www.surveymonkey.com/s/ThefutureofradiologyintheNHS2014>

We are most grateful to

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Programme

08:30 Registration and refreshments

09:00 Welcome and introduction

Dr Nassim Parvizi, Radiology Registrar, Oxford University Hospitals NHS Trust

09:05 BIR Young Professionals and Trainees Committee

Dr Hardi Madani, Radiology Registrar, Royal Free London Hospital

09:15 Balancing demand and cost in imaging

Professor Erika Denton, National Clinical Director for Diagnostics
NHS England

09:45 Better living through radiology

Dr Stuart Williams, Previous NICE Fellow and Consultant Radiologist
University of East Anglia and Norfolk and Norwich University Hospital

10:15 The third healthcare revolution

Prof Sir Muir Gray, Director of Better Value Healthcare and a partner in the
Oxford Academic Health Science Network

10:45 Refreshments

11:15 The future of radiology training

Dr Caroline Rubin, Medical Director Education and Training, RCR

11:45 Imaging services accreditation scheme

Dr Melanie Hiorns, Consultant Radiologist, Great Ormond Street Hospital

12:15 Philips award winner presentation

Dr Cheryl Main, Radiology Registrar
University Hospital Southampton NHS Foundation Trust

12:30 Why do radiologists need to go to medical school?

Dr David Wilson, Consultant Interventional MSK Radiologist
Oxford University Hospitals NHS Trust
President, BIR

13:00 Leadership and management in radiology

Mr Peter Lees, Faculty of Medical Leadership and Management

13:30 Lunch and poster viewing

Workshop 1 - ST interview skills

- 14:30 What do we do in diagnostic radiology?**
Dr Hardi Madani, Radiology Registrar, Royal Free London Hospital
- 15:00 What do we do in interventional radiology?**
Dr James Briggs, Interventional Radiology Fellow
Oxford University Hospitals NHS Trust
- 15:30 The radiology application process - what do we look for?**
Dr Jane Phillips-Hughes, Consultant Radiologist
Oxford University Hospitals NHS Trust
- 16:00 Refreshments**
- 16:15 What do we do in academic radiology and interview tips**
Dr Jamie Franklin, Radiology Registrar and Clinical Research Fellow
Oxford University Hospitals NHS Trust
- 16:45 Experiences of the interview and preparing for the day**
Dr Joshua Shur, Radiology Specialty Registrar
St George's Healthcare NHS Trust
- 17:00 Challenges in the first 18 months of training**
Dr John Adu, Radiology Specialty Registrar, Barts Health NHS Trust
- 17:15 Close of event**

Workshop 2 - Consultant interview skills

- 14:30 Getting the consultant job you want**
Dr Karen Partington, Consultant Radiologist, Nuffield Orthopaedic Centre,
Oxford University Hospitals NHS Trust
- 15:00 The consultant interview**
Dr Rajat Chowdhury, Consultant Radiologist, Nuffield Orthopaedic Centre,
Oxford University Hospitals NHS Trust
- 15:30 Mock interview**
Dr Rajat Chowdhury, Consultant Radiologist, Nuffield Orthopaedic Centre,
Oxford University Hospitals NHS Trust
- 16:00 Refreshments**
- 16:15 Your first consultant job-surviving the early years**
Dr Ross Tapping, Consultant Radiologist
Oxford University Hospitals NHS Trust
- 16:45 Setting up a service/directorate roles**
Professor Fergus Gleeson, Divisional Director Oxford University Hospitals
- 17:15 Close of event**

Speaker profiles

Dr John Adu

Radiology Specialty Registrar, Barts Health NHS Trust

Dr John Adu is currently an ST2 trainee in the Barts and the Royal London programme. After earning his Bachelor's degree in Psychology and Neuroscience at the University of Liverpool, he stayed on in Liverpool to complete his medical degree and Foundation training. John then moved to London to complete Core Surgical Training, during which time he achieved membership of the Royal College of Surgeons. John is an enthusiastic educator and consequently decided to complete a Clinical Teaching Fellowship at Queen Mary University, a diverse role which included anatomy demonstrating, lecturing, problem based learning (PBL) facilitation, clinical skills teaching and OSCE examination. During his teaching fellowship, he was awarded the Best Teacher prize in the academic support division. On completion of his teaching fellowship, John commenced radiology training.

John authored several peer-reviewed publications and has presented at several national and international surgical and radiological conferences – including a prize winning presentation at the Radiological Society of North America (RSNA) annual scientific meeting. His radiological interests include gastrointestinal radiology and interventional radiology.

Dr James Briggs

Interventional Radiology Fellow, Oxford University Hospitals NHS Trust

James graduated from Leeds School of Medicine in 2007, and undertook his foundation training in Oxford. He is now in the final year of sub-specialty training in Interventional Radiology within the Oxford Radiology Scheme. Additional roles he has undertaken include within the BSIR (British Society of Interventional Radiology) education committee, RCR/BSIR/Vascular Society joint working group, RCR Junior Radiologist's Forum, and most recently as a special advisor with the Care Quality Commission.

Dr Rajat Chowdhury

Consultant Radiologist

Nuffield Orthopaedic Centre Oxford University Hospitals NHS Trust

Rajat is a Consultant Musculoskeletal Radiologist at the Nuffield Orthopaedic Centre, Oxford University Hospitals NHS Trust. After graduating from Oxford University, Rajat completed the MRCS and basic surgical training on the St Mary's Imperial College Surgery Programme and then general radiology training and the FRCR on the Wessex Southampton Radiology Programme. He then completed a musculoskeletal fellowship at Chelsea and Westminster Hospital, London before being appointed to a consultant post in Oxford in 2013. Rajat was the chair of the BIR Young Professionals and Trainee Committee 2013-2013 and elected to BIR Council 2010-2013. Rajat was awarded a NICE Scholarship in 2010-2011 and an RSNA international young academic scholarship in 2011. He was awarded the Fellowship of the BIR in 2014. Rajat is lead author of the undergraduate textbook 'Radiology at a Glance' and was recruited as a tutor and coach at ISC Medical Interview Skills Consulting in 2013.

Professor Erika Denton
National Clinical Director for Diagnostics, NHS England

Erika is the National Clinical Director for Diagnostics at NHS England with responsibility for clinical leadership, advice and guidance across the NHS and covering all diagnostic services. Diagnostic services utilise 10% of NHS spending and over 1 billion tests are done every year in England.

From 2005-2013 Erika was National Clinical Lead, and subsequently National Clinical Director, for Imaging at DH leading a complex programme of work across all aspects of imaging. This delivered considerable additional capacity for imaging services and marked reduction in waiting times. Her work has included cancer, paediatric, interventional, cardiac and forensic imaging. In her roles in Connecting for Health she has led deployment of PACS systems across the NHS and is now leading the process to move PACS to local NHS ownership working with The Health and Social Care Information Centre.

Erika was previously Divisional Clinical Director for Support Services, Director of Breast Screening and Head of Radiology Training in Norwich. She continues to practice clinically 2 days a week and to publish in breast imaging and health care policy.

Erika did her medical training at St Thomas' Hospital, London and then spent 4 years in general medical training before radiology training in London. She was a consultant radiologist at Kings College Hospital in London before she moved to Norfolk in 1999.

Dr Jamie Franklin
Radiology Registrar and Clinical Research Fellow
Oxford University Hospitals NHS Trust

James Franklin graduated in medicine from the University of Cambridge and Imperial College, London. He trained in radiology with subspecialty interests in abdominal and oncological radiology, completing an Academic Clinical Fellowship at Oxford University Hospitals NHS Trust with a focus on on rectal cancer imaging. He is currently a Clinical Research Fellow at the University of Oxford.

Professor Fergus Gleeson
Divisional Director, Oxford University Hospitals

Fergus Gleeson is the Professor of Radiology in Oxford. He trained in Cambridge, Papworth, and London. He was a Fellow in Thoracic Radiology at UCLA in Los Angeles. He has previously been the President of the British Society of Thoracic Imaging, and is a member of the Scientific Committee of both the European Society of Thoracic Imaging and European Congress of Radiology. He has written Guidelines on Pleural Imaging, Thoracic Intervention and Pulmonary nodules, and has published over 150 papers on Thoracic Radiology. He has given over 100 National and International lectures in the last 5 years. He was a member of a NICE Technology committee for 10 years.

He has been a Clinical lead, Clinical Director and is now the Divisional Director for Clinical Support Services - comprising: Radiology, Pathology and laboratories, Pharmacy, Theatres and anaesthetics, Critical care, Pain relief and Sterile services. The division has approximately 1900 staff and an expenditure budget of £110 million. He is the head of academic radiology in Oxford and the Director of the Oxford Academic Health Sciences Imaging Network.

Prof Sir Muir Gray

Director of Better Value Healthcare and a partner in the Oxford Academic Health Science Network

Muir Gray entered the Public Health Service by joining the City of Oxford Health Department in 1972 after qualifying in medicine in Glasgow. He now works one day a week as a consultant in public health in Oxford Universities NHS Trust and in his NHS role he is involved in supporting leadership and management development in Oxfordshire. He is also the consultant in public health in the Digital Health and Social Care Service. One of the missions is to transform NHS Choices from being solely a website to being a knowledge service delivering knowledge to citizens and patients where and when they need it through letters, sent as emails, though lab reports sent directly to patients and in documents linked to the dispensing of prescriptions.

He has been working with both NHS England and Public Health England to bring about a transformation of care with the aim of increasing value for both populations and individuals and published a book called How To Get Better Value Healthcare in 2007. The means of doing this through Systems is now called Population Healthcare. The aim of population healthcare is to maximise value and equity by focusing not on institutions, specialties or technologies, but on populations defined by a common symptom, condition or characteristic, such as breathlessness, arthritis, or multiple morbidity. This work requires cultural change not structural change and the development of Population Healthcare and Population Medicine, a style of clinical practice which focuses on all the people in need in the population and not just those who refer themselves or have been referred is his current focus both in England and in a number of other countries.

Dr Melanie Hiorns

Consultant Radiologist, Great Ormond Street Hospital

Dr Melanie Hiorns is a consultant radiologist and Divisional Director of Medicine, Diagnostic and Therapeutic Services at Great Ormond Street Hospital for Children (GOSH) in London. Her clinical work is focussed on body radiology and she has a special interest in the genitourinary system and gastro radiology. She has been in a senior management role for eight years and has responsibility for over 700 staff and a £50M budget.

GOSH was an early adopter of the ISAS accreditation scheme in Radiology and contributed extensively to the pilot project work, and subsequently became the third hospital in the UK to gain accreditation, and the only specialist children's hospital. In parallel with this she became a National Assessor for ISAS several years ago, and continues to do this work assessing radiology departments against the criteria set out by ISAS.

With respect to consultant interviews, she has been on the receiving end only once (!), but has been on the panel for more consultant appointments than she can remember.

Mr Peter Lees
Faculty of Medical Leadership and Management

Peter Lees is the medical director and former founding director of the intercollegiate UK Faculty of Medical Leadership and Management, a new membership organisation with 2,000 members. He is also a member of the Clinical Governing Body of West Hampshire Clinical Commissioning Group and a member of the General Advisory Council of the King's Fund.

Over 20 years, he combined a career in neurosurgery with senior roles in operational management and leadership development. This included experience at local, regional and national levels and in global health. Most recently he was the Medical Director, Director of Workforce and Education and Director of Leadership at NHS South Central Strategic Health Authority; Medical Director of the NHS Top Leaders Programme; and Senior Lecturer in Neurosurgery at the University of Southampton.

He is a graduate of Manchester and Southampton Universities, a Fellow of the Royal College of Surgeons of England and a Fellow of the Royal College of Physicians, London.

Dr Hardi Madani
Radiology Registrar, Royal Free London Hospital

After graduating from King's College, University of London, with a Bachelors of Pharmacy, he secured the Ranson Fellowship from the Royal Pharmaceutical Society, to complete his Masters at the University of Bath, with a thesis based around work on Boron Neutron Capture Therapy.

He went on to complete his medical degree at Royal Free and UCL Medical School, Foundation training in Bath and Basic Core Surgery Training and MRCS examinations within the Kent Surry Sussex deanery. He then secured a position on the London deanery Clinical Radiology Training Programme, is based at the Royal Free rotation and a Fellow of the Royal College of Radiologists.

He is the senior Royal Free trainee representative to the London deanery and has previously been involved at deanery and college level exploring anatomy teaching provision and selected as a trainee council member for the Royal Society of Medicine and Leadership Fellow. His is also a regional representative and board member of the British Journal of Hospital Medicine.

Dr Cheryl Main
Radiology Registrar
University Hospital Southampton NHS Foundation Trust

Dr Cheryl Main is an ST4 radiology trainee on the Wessex scheme with an interest in paediatric and musculoskeletal radiology. She, along with fellow co-ordinators Dr Charlie Lane, Consultant Gastrointestinal Radiologist and lead consultant for the undergraduate radiology student selected unit (Southampton General Hospital/University of Southampton Medical School) and Dr Ausami Abbas, Cardiothoracic radiology fellow (Edmonton, Canada) and until recently, registrar lead for undergraduate radiology education at Southampton General Hospital/University of Southampton Medical School, conceived and developed the undergraduate workbook project, winner of the BIR/Philips Trainee Award for Excellence 2013.

Dr Karen Partington
Consultant Radiologist
Nuffield Orthopaedic Centre, Oxford University Hospitals NHS Trust

Karen is a Consultant Musculoskeletal Radiologist within the Oxford University Hospitals NHS Trust. After graduating from Glasgow University, Karen completed the MRCS and basic surgical training on the West of Scotland Surgery Programme, and then general radiology training and the FRCR on the Leeds Radiology Training Scheme. She then completed a post CCST fellowship at the Oxford Nuffield Orthopaedic Centre before being appointed to a consultant post in Oxford in 2014. Karen has published as lead author in post-graduate medical textbooks such as "Harris and Harris Emergency Medicine" and "Practical Musculoskeletal Ultrasound". She was awarded the Young Investigator of the Year Award at the British Medical Ultrasound Society in 2011. Karen is a keen educator involved in the Oxford Radiology Registrar Training Scheme and teaches on the Aintree Bones&Joints and FRCR courses.

Dr Nassim Parvizi
Radiology Registrar, Oxford University Hospitals NHS Trust

Dr Nassim Parvizi completed her undergraduate medical training at Imperial College, London. She started her training as an academic foundation trainee in the North West Thames Foundation School in 2010, during which she was involved in translational clinical trials using hormones for appetite suppression. She was actively involved with quality and safety improvement projects aiming to deliver better patient care. She undertook a secondment as part of the NHS Medical Director's Clinical Fellow Scheme at the Medicines and Healthcare products Regulatory Agency during 2012. Nassim is currently an academic clinical fellow and specialist registrar in Clinical Radiology at the Oxford University Hospitals NHS Trust.

Dr Jane Phillips-Hughes
Consultant Radiologist, Oxford University Hospitals NHS Trust

Jane Phillips-Hughes qualified from the University of Wales College of Medicine in 1986, obtained MRCP and then undertook radiology training in Cardiff.

She has been a consultant radiologist at the Oxford University Hospital NHS Trust since 1995, and specialises in interventional GI and Hepato-biliary radiology, ERCP and Endoscopic ultrasound.

She has been an RCR Tutor, Training Programme Director and is currently Head of the School of Radiology in Oxford. She sits on the Curriculum Committee and the Specialty Training Board of the RCR and is also a Vice President of the British Institute of Radiology.

Dr Caroline Rubin
Medical Director Education and Training, RCR

Dr Rubin has been a Consultant Radiologist in General and Breast Imaging at the Southampton University Hospitals NHS Trust since 1988. She is also Medical Director of Education and Training in Clinical Radiology at the Royal College of Radiologists 2013-2016.

Dr Joshua Shur
Radiology Specialty Registrar, St George's Healthcare NHS Trust

Joshua Shur is a second year Radiology registrar based at St George's Hospital in London and a member of the BIR Young Professionals and Trainees specialist interest group. He started radiology after finishing foundation training in the South Thames deanery. Prior to medicine Joshua studied for a degree in Physics.

Dr Ross Tapping
Consultant Radiologist, Oxford University Hospitals NHS Trust

Dr Tapping trained in Medicine and Radiology in Yorkshire and Oxford. He completed an Interventional Fellowship in Radiology in Oxford and was appointed as a consultant in 2012 and works at the Churchill and John Radcliffe Hospitals. His interests include both Uro-radiology and Interventional Radiology. He has an active role in teaching and training medical students as well as post graduate doctors and has an interest in scientific and clinical research. He is a clinical and education supervisor for Radiology trainees and is the college tutor for the Churchill Hospital, Oxford.

Dr Stuart Williams
Previous NICE Fellow and Consultant Radiologist
University of East Anglia and Norfolk and Norwich University Hospital

Stuart Williams is a consultant GI radiologist in Norwich. Locally he has been head of training and clinical director for the radiology department. Currently he is Trust clinical lead for audit and improvement and an honorary senior lecturer at Norwich Medical School. Dr Williams was the RCR regional chair for the East of England and between 2010 and 2013 held a clinical fellowship at the National Institute for Health and Care Excellence (NICE).

Dr David Wilson
Consultant Interventional MSK Radiologist
Oxford University Hospitals NHS Trust
President, BIR

Dr Wilson's primary interest is in the application of modern imaging techniques to disorders of the locomotor system and spine intervention. He has undertaken original work in the application of diagnostic ultrasound to joint, muscle, and soft tissue disease with particular attention to joint effusion and congenital dysplasia of the hip. He has over 20 years of experience in vertebroplasty and is the author of publications on multicentre controlled trials on the treatment of insufficiency fractures. He has established innovative training courses in the UK in musculoskeletal ultrasound in Oxford and Bath. He teaches internationally and is a leader in the development of ultrasound in musculoskeletal disease and injection techniques in the spine. He has considerable experience in all aspects of musculoskeletal imaging and is the Editor of the principle textbook on MSK imaging. As a former President of the British Society of Skeletal Radiologist and a previous Medical Director of the Nuffield Orthopaedic Centre he has wide clinical and research experience.

He has been a member of the BIR since 1982. He was Commissioning Editor of the BJR (2011-12) and then Deputy Editor (2012-2013). He was Vice President (External Affairs) from 2012-2014. He is currently President of the BIR (2014-16).

Abstracts (where supplied)

Balancing demand and cost in imaging **Professor Erika Denton**

This presentation will cover the challenges for radiology services over coming years when balancing demand and capacity in a cost constrained post-recession environment. The content will cover different types of improvement methodology which can and have been used in imaging services to increase capacity and reduce waiting times as well as how radiology services are funded. The move towards working across 7-days of the week in healthcare will be explored with the significance of these moves with respect to Radiology Departments. As demand for radiology continues to rise the NHS will need to adapt in order to continue to deliver high quality imaging as part of all patient pathways.

References:

Service improvement resources: <http://www.nhs.uk/nhsq.nhs.uk/9108.aspx>

The Diagnostic Imaging Dataset: <http://www.england.nhs.uk/statistics/statistical-work-areas/diagnostic-imaging-dataset/>

7 Day Healthcare: <http://www.england.nhs.uk/wp-content/uploads/2013/12/brd-dec-13.pdf>

Better living through radiology **Dr Stuart Williams**

Radiology developed as a medical discipline during the 20th century and embodies the mid-century notion that human problems can be addressed through the application of technology. Over the last 30 years, UK medical practice has become increasingly reliant on imaging as a means of diagnosis, triage, surveillance and reassurance.

In this regard, radiology can be seen as a great success with a growth in demand, which far outstrips the GDP growth of the UK, more closely paralleling the growth of southeast Asian economies. This however puts pressure on radiology departments and on individual radiologists to increase the number of examinations undertaken and to decrease the time frame in which they are both performed and reported.

Nationally commissioned evidence-based guidelines are widely employed in UK medicine to promote safe and cost-effective working. However, it is very rare for NICE guidelines to suggest less imaging as part of best practice. NICE guidelines tend to be disease-based and have a cumulative impact on radiology as a discipline that intersects with diverse clinical pathways. There has also been an increase in examination complexity and requester expectation. The rise in exam numbers is often accompanied by a drop in the positivity-rate for a given test, which has implications for those reporting them.

Despite these stresses, radiology has improved outcomes for patients and can help secondary care tackle ongoing problems of capacity and demand in emergency and inpatient services. It also remains an attractive career option for UK medical graduates.

The third healthcare revolution

Prof Sir Muir Gray

There has been tremendous progress made over the last forty years due to the second healthcare revolution, with the first healthcare revolution having been the public health revolution of the nineteenth century. Hip replacement, transplantation, and chemotherapy are examples of the high tech revolution. However there are still five outstanding problems which are found in every health service no matter how they are structured and funded: One of these problems is huge and unwarranted variation in access, quality, cost and outcome, and this reveals the other four:

- Patient harm, even when the quality of care is high
- Waste, that is anything that does not add value to the outcome for patients or uses resources that could give greater value if used for another group of patients
- Inequity
- Failure to prevent the diseases that healthcare can prevent, stroke in atrial fibrillation for example.

In addition the services will have to cope with rising need and demand without additional resources.

More of the same, even better, quality, safer care is not the answer. The focus has to be on value, on better value for individuals and populations. To achieve this we need:

- Development of collaborative systems and networks with patients & carers as equal partners
- Personalised service for all the people affected in the population
- Clinicians acting the stewards of the population's resources

A new paradigm is needed not a new structure. In an era in which there will be insufficient money to meet need and demand we need to harness the forces driving the third healthcare revolution – citizens, knowledge and the smartphone

We need a transformation with the new focus on triple value. This will not be brought about by more money, even if more money were available. Nor will it result from structural reorganisation because the bureaucracies which are necessary are organisations that operate in a linear fashion whereas health and healthcare issues are complex or 'wicked' problems and require new types of intervention.

The future of radiology training

Dr Caroline Rubin

Educational aim: inspire debate about future training based on past development and current political/medical imperatives.

Radiology training has changed with the advent of new technologies and techniques. The curricula for Clinical Radiology and Interventional Radiology are reviewed and updated on an annual cycle to maintain currency with technological changes as well as to comply with the requirements of the GMC and other regulatory bodies.

The Shape of Training review is unlikely to impact on the current structure of training in radiology. Core competences should be maintained throughout training with trainees at CCT/CST having competences in general radiology, one or two special interest areas or subspecialty competence in Interventional Radiology.

Training undertaken as an apprenticeship model, or blended with classroom learning as in the Academies, is likely to remain, with duration of training at 5 or 6 years, covering the whole content of the curriculum pre CCT/CST.

Credentialing of areas of practice already occurs: for example breast physicians and breast imaging, cardiologists and cardiac CT and MRI. Credentialing is likely to go ahead even if implementation of the whole of the Shape of Training review does not. Development of credentials in areas of practice, with the RCR as the credentialing body, to enable post CCT/CST flexible development of the workforce will be the next challenge.

Learning Points:

- Radiology training is Shape of Training Compliant
- Radiologists are the only clinicians able provide an imaging opinion for an increasingly elderly population with multiple co-morbidities. Credentials in tests and training other specialties in limited areas of practice, runs the risk of too narrow a focus.

Imaging services accreditation scheme

Dr Melanie Hiorns

The ISAS (Imaging Service Accreditation Scheme) is a patient-focussed assessment and accreditation programme that is designed to help diagnostic imaging services ensure that their patients consistently receive high quality services, delivered by competent staff working in safe environments. It has been jointly developed by the Royal College of Radiologists and the College of Radiographers. It is the only nationally recognised accreditation scheme available for diagnostic imaging services in the UK and provides an essential framework for services to engage with a key deliverable outlined in the recently published NHS England business plan. Many leading hospitals have achieved accreditation including Great Ormond Street Hospital for children, Cambridge University Hospitals NHS Foundation Trust, Chelsea and Westminster Hospital NHS Foundation Trust, and Norfolk and Norwich University Hospitals NHS Foundation Trust.

This talk will outline what ISAS accreditation involves and illustrate some of the criteria that make up the 31 standards across the four domains of 'clinical', 'facilities, resources and workforce', 'patient experience', and 'safety', and will discuss the difficulties and benefits of gaining accreditation.

Philips award winner presentation

Dr Cheryl Main

The 2013 BIR/Philips trainee award for excellence was awarded to an electronic education project for medical students developed by a multidisciplinary team at Southampton General Hospital, the majority radiology registrars but also including radiographers and consultants.

Southampton University medical students in their final year are able to choose a short in-house elective. One option is radiology, usually involving two weeks of programmed activities and access to the electronic workbooks. The E-modules are written in either a quiz, long case or short case format. There is some didactic material in addition but most modules are based on case histories or images with questions. Students complete the electronic workbook and then join a senior registrar or Consultant for two tutorials at the end of their elective to discuss the answers. The attachment has become extremely popular. The format has worked well and the students have been well engaged, giving positive and encouraging feedback. The project has helped prepare students for finals, for their future roles as junior doctors and gives a taster of a career in radiology.

Why do radiologists need to go to medical school?

Dr David Wilson

The difference between a radiologist and a reporting radiographer is the medical degree. There is good evidence that a radiographer trained to report conventional radiographs or more complex imaging can produce excellent results with accuracy at least as good as that of many radiologists. So why do we persist in employing qualified doctors as radiologists paying them a premium rate?

To answer this question we need to look at the tasks that are associated with an imaging investigation. Patients are referred to an imaging department for an opinion. Clinicians often see this as an "order" for an investigation but to accept this concept misses the importance of clinical oversight of the imaging investigation.

In this presentation I will discuss the elements that make up an image investigation explaining where a medical background adds value. I will comment on what I see is the proper role of a doctor who knows about imaging and describe the means by which they can work in close collaboration with non-radiologists who report imaging investigations. I will touch on the potential medical negligence issues that might ensue with some examples from anonymized cases.

Leadership and management in radiology

Mr Peter Lees

UK Medicine prides itself on its evidence base and rightly lauds those who enhance that evidence base. By contrast, it respects management and leadership much less and yet there is also evidence to show that good leadership is associated with improved patient outcomes.

The evidence and how leadership 'works' will be discussed.

What do we do in diagnostic radiology?

Dr Hardi Madani

Advances in technology and imaging techniques, combined with comprehensive clinical training, have allowed radiologists to arguably become one of the corner stones of modern medicine and an integral part of a patient's journey. This talk will endeavor to highlight the progress made, exemplify some of the crucial roles radiology as a specialty can play and describe exciting new developments in the field.

What do we do in interventional radiology?

Dr James Briggs

Interventional radiology (IR) is a relatively new and rapidly evolving sub-specialty of Clinical Radiology. As available technology and our understanding of how to use it develops, the role of IR is expanding into almost all fields of clinical practice.

This session aims to help develop an understanding of the work of interventional radiologists and their role within in a modern integrated care setting. We will look at some of the key skills and attributes required in IR, explain the structure of training in radiology and career pathways to becoming an interventional radiologist.

We will review some of the challenges currently being faced by providers of IR services in the UK, including 24/7 care, workforce expansion, look at some advantages and problems relating to progressive subspecialisation and address issues around public and professional awareness of the specialty.

The radiology application process - what do we look for?

Dr Jane Phillips-Hughes

In this workshop we will discuss the radiology ST 1 person specification, and the interview process as seen from the point of view of an interviewer and trainer. Areas covered will include some "do's and don'ts" and tips on how to make a good impression.

What do we do in academic radiology and interview tips

Dr Jamie Franklin

The talk will cover the following topics:

- An introduction to research in Radiology
- Academic career paths explained
- The benefits (and challenges) of life as an Academic Clinical Fellow
- Tips for the ACF interview

Experiences of the interview and preparing for the day

Dr Joshua Shur

Aims:

- Discussion of experiences of the radiology interview
- To outline the radiology interview format
- Preparation tips for the interview

Learning outcomes:

- To understand the interview format
- How to prepare for the interviews

The radiology interviews consist of multiple stations, much like an OSCE examination. The different stations include the preparation station, portfolio/audit station, image interpretation and request card station, interview station and ethical scenario station. Each station is 8 minutes with normally 2 examiners per station, and are marked independently of each other. Practicing the stations and preparing for the questions you might be asked is the key to scoring well in the interview. The “blueprint” for the ideal candidate is found in the person specification and these are the broad criteria by which candidates are scored. Make sure you go through the person spec beforehand and see if you can meet as many of the essential and desirable criteria as possible. Write down as many questions that they might ask you and think about how you might answer them. Practice presenting common radiological images as you will have to do this in the exam, using anatomical and radiological terms when possible. Practice critiquing audit abstracts and know the audit cycle. Finally think about how you might prioritise requests for radiological investigations.

Challenges in the first 18 months of training

Dr John Adu

The transition from clinical practice ‘on the shop floor’ to radiology training can be a difficult one. Although all doctors will have had some interaction with radiological services during their career, very few individuals will have spent a significant amount of time in the radiology department prior to actually starting their radiology training. In that regard, beginning a career in radiology can be like taking a step into the unknown.

Self-reflective questions such as ‘how do I know if radiology is really for me?’ and feelings of inadequacy are common place. Although exciting, the learning curve in the early years is pretty steep and the volume and breadth of knowledge to be assimilated can be overwhelming. There are several exams that must be

successfully negotiated to ensure progression. The style and pace of work as a radiologist also takes some getting used to.

The aim of this talk to is provide a realistic, personal insight into the challenges faced in the early stages of radiology, and strategies that can be used to overcome these challenges to ensure that you enjoy your training.

Getting the consultant job you want

Dr Karen Partington

After over 5 years of radiology training, examinations and multiple career interviews one would think we would automatically know how to get a job. The consultant job application and interview process is like none other you will experience, and truly is in part a game. This session is to demystify the process and explain some of the rules to get the job you want.

Educational aims:

- Overview of the consultant recruitment process and pitfalls
- Pre-shortlisting and interview visits
- Building your CV
- The internal candidate?!?

Learning outcomes:

- To be confident that you can achieve the consultant job you want

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This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

This image shows a full page of blank handwriting practice paper. It features approximately 28 horizontal blue lines spaced evenly down the page. There are no margins, text, or other markings present.

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10 DECEMBER 2014
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WESSEX BRANCH EVENT
10 DECEMBER 2014
SOUTHAMPTON

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12 DECEMBER 2014
CARDIFF

THE SPINE IN HEALTH AND DISEASE
21 JANUARY 2015
LONDON

CONTRAST STUDY DAY AND ESSENTIAL PHYSICS FOR FRCR
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6 FEBRUARY 2015
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