HealthManagement
Promoting Management and Leadership

## Volume 14 - Issue 1, 2014 - Perspectives

### British Institute of Radiology

**Interviewee**

*Professor* **Andrew Jones**

*President*

*British Institute of Radiology*

*London, UK*

Interviewed by

Claire Pillar

*Managing Editor*

*HealthManagemen*

**Professor Andrew Jones is a consultant clinical scientist within medical physics at The Christie NHS Foundation Trust in Manchester and is Group Leader for non-ionising imaging. He has been a member of the BIR since 1983, and became President in 2012.**

**What are the goals and mission of the BIR?**

The BIR is the oldest radiological institute in the world (founded in 1897). We are unique in that our membership is formed from radiologists, oncologists, radiotherapists, radiographers, scientists and our industry partners. We therefore bring together the whole network of our working environment.

Ultimately we are a membership organisation, so we produce benefits for our members. As a charity, we need to produce benefits for the delivery of healthcare, to patients and for the public. There are three main strands in our strategy:

**Publications**: We publish our flagship journal BJR (British Journal of Radiology), a journal Imaging, and we offer increasing opportunities for Open Access publications. We also publish some books and a range of guidance type documents to support work within radiology and radiotherapy.

**Education:** We offer a blended mixture of education, including faceto- face meetings, our annual BIR congress, and we are a partner in UKRC, the largest UK annual radiological congress. In addition, we provide and signpost to online learning. Overarching that education arm is a new accreditation process that provides a quality accreditation of learning. It measures both learning outcomes and delivery of courses, and produces a quality index rather than just a measure of how many hours somebody has attended a course. The plan is that we can accredit our own and other organisations' courses, and it gives a valuable measure both for the individual and employers about the true value of the education and competencies gained. Accredited learning can then be structured within a portfolio for a particular topic to produce what we hope will be a BIR Diploma in a particular subject. For example, a very topical issue at the moment is musculoskeletal ultrasound, where clinicians need some form of accreditation of competence, so we could engineer that using our courses, signposting and accrediting other courses, so that participants will be awarded with a diploma. The value of that diploma, ultimately, will be as a view of what has been produced in terms of the competencies of those people. There are examples in other areas where it's become the default qualification or requirement in

order to prove competency.

**External Affairs:** This refers to a wide spectrum of external engagement, which includes giving information to patients, engagement with decision-makers – the Department of Health, the National Institute for Health and Care Excellence (NICE), and collaborations with the various elements of our membership, including our corporate partners. Engagement is about the BIR trying to influence decisions and agendas and producing the best possible outcomes for imaging and radiotherapy in the healthcare sector, for those who work in it and, ultimately, the patients. In relation to industry partners, for many other organisations it's very easy to put a barrier up, that you're the professionals delivering a service in the hospital environment, and industry is providing facilities and as a result they have a different view on things. We are fully inclusive of our industry members and whilst we may have different reasons for doing our work, ultimately we get the best outcomes if we collaborate. That is one of the BIR's key strengths and one of the rewarding elements. One of the things that gives the BIR a unique perspective is that we can produce position statements and consider challenges in conjunction with the manufacturers. If we consider initiatives to increase the provision of imaging equipment throughout the UK, then whilst this will benefit manufacturers in terms of potential sales, it also has benefits in terms of provision of resources for patients. The equipment manufacturers have already been very helpful in providing data about location and use of equipment. The BIR, via collaboration, can then analyse and present the information to the wider healthcare community.

**BIR has an international focus. Why do you think it's important for professionals involved in imaging to take an international approach?**

Internationally there are different structures of healthcare delivery and management of the different professions that deliver healthcare. However, generally they are geared to the same goal, and experience the same problems. Sometimes we have to approach matters in different ways, but we are dealing with the same equipment, we are buying the same CT scanners, for example. We are purchasing equipment based on throughput, image quality excellence and using the same indicators. Internationally we share expertise in scientific and medical discoveries, and in due course, where appropriate, you can share experiences about service delivery. Politics and the charging mechanisms of healthcare will give a slightly different emphasis in different countries, but when we look at our working lives we don't limit our journal reading to those from the UK, we look worldwide for information. Lots of research now is driven from multicollaborative groups that by necessity have an international portfolio. You can't necessarily get big grants now if you are one hospital in one country; you need international collaborations, as it gives a wider focus.

**How did you become involved in the British Institute of Radiology?**

I was encouraged to join when I started my first job. My first boss was John Massey from Manchester. He was a very well-known physicist, and he was later president of the BIR. He basically told me I had to join! Once I joined however, I very quickly realised that it reflected the most rewarding parts of my job, which was dealing with different groups, with clinicians, radiographers, fellow scientists. That was the bit that gave me the buzz, not just dealing with my physicist colleagues. It gave opportunities for networking, growing experience in both my scientific discipline and in my management skills by working on committees, and it's grown from there. We have learnt a lot at the BIR from our younger members, and in today's modern world they rightly expect tangible and recognisable benefits from their membership fee. We are very much now focused on making sure these benefits meet our members' needs, and they are well marketed and effectively delivered.

**The BIR is a multidisciplinary membership organisation. What do you see as the strengths and importance of multidisciplinary working?**

The 'unique selling point' of the BIR is that we are an organisation that has all the different professional groups within radiology as members. Most of our UK and analogous overseas organisations represent their different professions, so it allows us to have a unique perspective that reflects the multidisciplinary mix that exists within the actual work environment. Many of us experience our best days at work when we are working as a team and as a single unit. Everyone is collaborating and communicating effectively, working to their own strengths but aligned to an overall objective. The healthcare sector can be viewed as an industry, where if professions work in their own particular silos, then they may end up looking after their own interests. The advantages to the healthcare sector of multidisciplinary working are that it allows the focus to be on the patient, the patient pathway and how you manage that process. When we look at evidence from departments that are less effective, it's the manner they approach change, modernisation and optimisation that differentiates the best from the worst performers. This is reflected in the way they deliver their services, and deal with their patients. The best patient services consider all the different aspects of care and service delivery, cutting across the profession based silo mentality.

As president of the BIR, I find my role and duties hugely rewarding because I get to work as a team with our collaborators, our members who work within our committees or as trustees, and with the permanent staff of the BIR. It is this team working that has transformed the BIR into a modern and dynamic organisation, fit for purpose in the 21st century.

**Please tell us about your own multidisciplinary work environment.**

I am a medical physicist based at The Christie, an internationally renowned cancer hospital in Manchester, in the north west of England. The department's work covers all areas of medical physics, including radiotherapy, radiology, nuclear medicine and engineering. We were historically a regional department, offering a peripatetic service to all the different hospitals around the North West. We give the opportunity across the fields of nuclear medicine, MR and diagnostic radiology for all the Trusts to share expertise and have access to medical physics support. With regard to MR, for example, my specialism, the vast majority of district general or smaller hospitals do not need full time physicists to support their clinical service, but we can provide the best of both worlds. They get somebody visiting for between half a day or two days a week depending on the demands of their service, and it places us in a good position to share experience and knowledge from site to site. For example, we can develop new imaging protocols or optimisations of techniques at one site and then transfer these skills to other clinical services at other sites. We get access to lots of different hospitals and approaches, different vendors' machines, and different clinical specialisms within Trusts. It's good for the medical physics team in terms of the wide experience we can gain and is ultimately beneficial for all the clinical departments we work with.

**What do you see as the main challenges facing imaging in the UK?**

The immediate challenge is the ongoing change in the National Health Service structure. Everyone is waiting to see how they settle out,

particularly with the change to the Any Qualified Providers scheme, whereby imaging services will be available from a range of approved providers. The other main ongoing challenges are influenced by best utilisation and availability of imaging equipment. Fundamentally in the UK we are limited in that we don't have enough imaging resources to meet demands. If we look at the proportion of CT and MR scanners per population head across Europe, we are disappointingly low down the league table. I think this lack of facilities has forced the UK to take a lead in terms of modernisation and options for best utilisation of imaging resources. Most sites are already moving towards seven day working and are having to look at evening and weekend working. It is absolutely appropriate to get the most out of our resources, but the risk is that it is not sustainable or safe to work at 100% capacity. The pressures are so great in terms of targets, and so much has been achieved in terms of shortening the period from referral to scan for example. As technology continues to advance with resulting patient benefit, demand will continue to grow. Without an increase in the actual establishment of imaging equipment, the quality and patient care will suffer if we don't address the actual infrastructure of imaging services.

**As a manager, what are the main management challenges you experience in your working life?**

I probably have an unusual job in relation to management. I have two roles. One is management of a team that delivers a medical physics service. This involves the same issues everyone has in terms of managing people, finances, service delivery, set against a background of operating with reduced budgets and mounting financial pressures. We are in a specialist environment; we have contracts from National Health Service (NHS) provider to NHS provider. That doesn't mean we're not exposed to a marketplace, and as we have a contract with a hospital, they want to reduce their costs and that drives pressures on us.

The other form of management for me is unusual. It's all about the network. My team works out within other hospitals, and effectively we try to network and become part of that team. That's where we get the best relationship. If we sit at our desks or on the phone people will ask us the important questions, but they don't ask what they perceive as less important, and some of those questions can lead to very radical developments. We therefore position ourselves as a regular member of their team, visiting on particular days, and as a result work with and try to affect change within groups for which we have no formal line management responsibility. I would never say that we are managing radiographers or radiologists, but we influence them and are working with them so we are trying to control a process within an organisation that is not our employer. How you do that? It requires a collaborative approach, and we can only do that if we meet people regularly. We can't do that remotely and that's what we've had to develop to make the service successful. It's one of the most rewarding parts of the job. We have to be an effective part of a team and engineer the necessary collaborations to achieve our objectives. We get the pleasant experience of visiting many different departments and working with lots of different people.

Published on : Sat, 8 Mar 2014