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A Snapshot of Radiology in Irelandchange Title

I Work as a Consultant Radiologist for a National Referral Centre.

I am a consultant radiologist in St. Vincent's University Hospital in Dublin, Ireland, part of the St. Vincent's Healthcare Group (SVHG). SVHG is composed of a large university teaching hospital, a smaller teaching hospital and a private hospital. There are 850 beds in SVHG. The hospital is the national referral centre for a number of specialties including liver transplantation and cystic fibrosis. I have been Medical Director of SVHG since 2003, allowing me to see and appreciate the vital role of the radiology department within the medical institution as a whole. The radiology group at SVHG is composed of twelve consultant radiologists and thirteen registrars in radiology. The SVHG radiology group undertakes approximately 210,000 examinations per year including all modalities.

A Capital Development Programme has Transformed the SVHG in Recent Years.

St. Vincent's has undergone and continues to undergo a considerable capital development programme in the last number of years. This has included a new modern radiology department including the development of a hospitalwide PACS system, with RIS/PACS integration and integrated voice recognition reporting. There are three multi-slice CT scanners and two 1.5 test scanners on site. Plain film imaging is all DR-based. A comprehensive range of imaging is undertaken in the department including newer developments in cardiovascular imaging such as Cardiac CT/MRI and CTA /MRA. The department has a strong interventional unit, as the hospital is a national referral centre for liver disease including liver transplantation.

I will Soon Begin my Period as Dean of the National Radiology Society.

The professional body for radiologists in Ireland is the Faculty of Radiologists, Royal College of Surgeons in Ireland. I am currently the Honorary Secretary of the Faculty and Dean-Elect. I will begin my period of office as Dean in November 2008; this will last for two years.

Finding an Optimal Solution to Waiting Lists in Radiology is Proving Challenging.

As in other countries, the demand for radiology continues to increase inexorably due to a combination of new techniques and a growing and ageing population. At SVHG the single greatest limiting factor is the availability of radiographic staff, particularly in the context of an extended working day. This has led to waiting lists particularly in ultrasound and to a lesser extent in CT/MRI.

The government in Ireland has responded to the growing waiting lists using an initiative called the National Treatment Purchase Fund. Patients on radiology waiting lists for more than three months are referred to private clinics for imaging. This obviously creates difficulty in the context of multidisciplinary care and as such is a less than optimal solution. Consequently most radiology departments filter their waiting lists to ensure that oncology patients and patients requiring complex imaging are retained within a university hospital setting.

Demand for Radiologic Services is Outstripping Supply.

The number of radiologists practicing in Ireland per head of population is less than many of our neighbouring jurisdictions. The vast majority of radiologists in Ireland work in the public health system. The number of radiologists in the public health system is controlled centrally and unfortunately, although there is an increasing number of radiologists in the country, this has not matched radiological need.

Migrant Workers are Being Absorbed into the Irish Healthcare System.

The Medical Council in Ireland is responsible for the accreditation of doctors to work within the healthcare system. Radiologists from the EU with a Certificate of Specialist Doctor (CSD) are automatically entitled to have their name placed on the specialist register for radiologists. The Medical Council seeks the advice of the Faculty of Radiologists for radiologists whose names cannot automatically be placed on the specialist register. While the faculty advises the Medical Council with respect to the experience and accreditation of the Radiologists, the ultimate decision is made by the Medical Council.

There are many radiographers from outside Ireland now working within the Irish healthcare system; these radiographers are accredited by the Irish Institute of Radiography. The faculty for many years ran a supernumery training programme for radiology registrars, which trained many radiologists particularly from the Middle East and Libya. This programme is no longer active. More recently however, the Irish radiology training programme has attracted candidates from other countries within the EU.

PACS is About to Become a Standard National Tool in Radiology Departments.

There are a number of hospitals throughout Ireland who have installed hospital-wide PAC systems. More recently, however, a national RIS/PACS project has been initiated by the national authority for the provision of health services (Health Service Executive/HSE) with circumscribed funding. Its aim is to roll out RIS/PACS to all radiology departments in the country with a large central storage capacity. It is hoped that all the radiology institutions and hospitals will be linked.

Irish Radiology Needs a Focus on Quality Standards in Order to Increase Public Confidence.

One of the main issues facing the Faculty of Radiologists in Ireland due to recent high profile radiology errors is to regain the confidence of the public in our diagnostic systems. The faculty is hoping to adopt a twin track approach. The faculty is engaging with the HSE to institute an integrated quality assurance programme in all radiology departments. In tandem with this, the faculty has to educate the public and the health service agencies to the limitations of even best practice radiology.

The Focus on Academic Radiology is Increasing.

Funding for radiology equipment in Ireland has generally been organised centrally. In the last number of years, thanks to the so-called 'Celtic Tiger' there has been a significant increase in funding for radiology equipment. Many departments have state-of-the-art equipment. As previously noted, however, there has been a shortfall in funding for radiologists.

Another benefit of increased economic prosperity in Ireland has been the significant funding which is available for research through government agencies such as the Health Research Board and Science Foundation Ireland. Unfortunately, most radiologists in Ireland have an overwhelming service commitment. Nonetheless, the radiology departments on the Irish radiology training programme have a strong commitment to ongoing clinical research with a significant pro rata output.

While the number of academic radiologists has increased somewhat in the last five to ten years, numbers are insufficient to take advantage of the significant basic science funding available. This is one of the challenges facing Irish radiology. There is a move in Ireland to develop academic health centres, combining the governance of a number of sister hospitals with a university medical faculty.

Recently, Dublin academic healthcare has been formed by integrating SVHG, our sister hospital the Mater Misericordiae University Hospital and the Faculty of Medicine in University College Dublin. Such models may provide a more appropriate environment for the evolution of academic radiology.

Advice to Other Radiology Managers.

- 1) As radiology services are a significant central platform service in all healthcare institutions, radiologists should endeavour to be among the clinical leaders within healthcare organisations to advance best patient care.
- 2) Radiologists should institute integrated quality assurance programmes within their departments to validate and improve best patient care and to protect themselves as professionals from a perception of an inadequate, opaque and poorly-governed system.
- 3) The institution of a high-quality RIS/PAC system within a radiology department has huge benefits in optimising workflow and hence patient care. Our recent experience in St. Vincent's with the introduction of a hospital-wide PAC system has not been without pain but it has undoubtedly had a significant positive impact on patient care within our institution.

Interviewee

Dr. Risteard O'Laoide

Honorary Secretary

Faculty of Radiologists

Royal College of Surgeons

in Ireland

Consultant Radiologist

Department of Radiology

St. Vincent's University Hospital

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Dublin, Ireland

r.olaoide@st-vincent.s.ie

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