



Volume 16 - Issue 1, 2016 - Spotlight

European Radiology: Interview with Professor Lluís Donoso, President, European Society of Radiology



Prof. Lluís Donoso Bach

Editor-in-Chief IMAGING

*****@***cspt.es

Head of Diagnostic Imaging -
Hospital Clínic of Barcelona,
University of Barcelona

[LinkedIn](#) [Twitter](#)

As *HealthManagement.org The Journal's* imaging Editor-in-Chief, Professor Lluís Donoso, comes to the end of his term as president of the [European Society of Radiology \(ESR\)](#), we took the opportunity to speak to him about developments at the ESR, the state of radiology, and the role of management and leadership.

How have you enjoyed your term as President of the ESR?

I was quite sure that it was going to be a lot of work, but I took a positive and optimistic approach, and I've had fun! there have been many projects, good interactions with people and new situations – it has been a good experience.

What have been the highlights?

Membership

We are continuously increasing our membership, and have more than 63,000 members. half of our members are now outside Europe. Around 22 percent are from Asia and around 16 percent from Latin America.

Education

I am looking forward to the [European Congress of Radiology \(ECR\) 2016](#), where we expect great participation. We are attracting more delegates to ECR Live. From its start three years ago, numbers are steadily increasing – from 1500 at the start to an expected 7000 this year.

We have increasing educational opportunities not only in Europe but also in Asia, and especially in Latin America. We have launched our [e-learning platform Education on Demand](#). The [European Training Curriculum for Radiology](#) is increasingly being endorsed in different countries – Brazil is using it now, for example. The [European Diploma in Radiology \(EDiR\)](#) is also going from strength to strength, and we are planning to change the platform in order to make it more efficient and accessible for our members. We aim to have 140 applicants taking the EDiR during ECR this year and will reach around one thousand radiologists having the diploma in 2016. As the EDiR gains momentum and prestige, the easier it will become to have the EDiR as a requirement for employment or even certification in future.

Publications

To join [European Radiology](#) and [Insights into Imaging](#) we are launching a third journal, which will be open source. The name is still to be confirmed.

Cross-Collaboration

We want to encourage more radiographers to join. We are in contact with national radiography societies around Europe to offer them membership of the society so that they can participate more in our educational activities, services and in ECR. We also work together well with the other allied sciences, especially with the medical physicists.

European Society of Hybrid Imaging

Another highlight is the creation of the [European Society for Hybrid Medical Imaging](#), which will be launched at ECR 2016. We recognise the necessity to provide tools for education and training for our members about functional molecular imaging. The society's first president is [Professor Katrine Åhlström Riklund](#), who is also the president of ECR 2016.

Research

Through the [European Institute for Biomedical Imaging Research \(EIBIR\)](#) we have been really successful this year in terms of application for research infrastructure at the European level (a 24 percent success rate for applications, when usually it is around 4 percent).

What advice would you give ESR members who are thinking of taking up leadership roles in the society?

There are many opportunities in our institutional committees, sub-committees and working groups. Hundreds of members are already directly involved in management and different areas of the society. For younger radiologists we have the [Radiology Trainees Forum](#) and the [Invest in the Youth programme](#) to enable people to attend the ECR. We have also created a new sub-committee of the National Societies Committee, the Professional Issues and Economics in Radiology (PIER) sub-committee. This includes the former Management in Radiology (MIR) sub-committee. We also have the ESR Leadership Institute, which consists of radiologists who can act as present and future opinion leaders. So we are identifying people with the potential to be the society's leaders in the future. My advice would be to get in touch, be active and don't be shy!

You mentioned that you have been reaching out to radiographers. What is your opinion on extended roles for radiographers?

The roles of radiographers in daily practice are quite heterogeneous across Europe. As radiologists we value their involvement in as much of the radiological process as possible — acquiring the images and even analysing and preparing the images. However, the final report does have to be made by a radiologist. The radiographer's role is invaluable. At the ESR we would like to have more radiographer members, and we would like them to be as visible and active as possible in providing imaging services.

Can you comment on the progress of the ESR's [Call for a European Action Plan for Medical Imaging \(ESR 2014\)](#)?

Since we launched this project in November 2015, we have been meeting with the offices of the various European Union Directorate-Generals (DGS) — DG Sante, DG Health, DG Connect, DG Energy. We are focusing our efforts on radiation protection, as the [basic safety standards \(EURATOM\) directive](#) has to be implemented by member states by February 2018. So the society is offering its services to help in the implementation at national level.

The ESR with the European Respiratory Society published a [white paper on lung cancer screening \(Kauczor et al. 2015a\)](#). Do you expect to see screening programmes set up in Europe?

The scientific basis is well established, and we need to stratify the patients who will benefit. I think sooner rather than later we will have these programmes established. As ever, the problem is the finances.

Are you optimistic about the future of radiology?

I have always been an optimist. Radiology has plenty of threats, but only those who have opportunities have threats. It would be more worrying if we had none! Having threats means that radiologists are in the centre of

the health system, and we are becoming more and more important. We have to be flexible, we have to be smart and proactive, but I think we can be optimistic about the future of radiology and imaging.

Are there any threats that worry you in particular?

There are the threats of commoditisation, use of computers in diagnosis and turf battles with other specialties. For me the main threat is the shortage of radiologists. That can lead to other specialties taking our “turf”.

How is the [ESR iGuide project](#) on imaging referral guidelines going?

We are continuing work on ‘Europeanising’ the American College of Radiology (ACR) criteria, and have created a rapid response group with the ACR on this. Pilots are continuing in France, Spain, Sweden and the UK. We are on schedule.

The European Society of Cardiology has established an [MBA programme in conjunction with the London School of Economics](#), and they will hold a specific management congress. What will the ESR offer on management and leadership in the future?

We have the Leadership institute already and the Management in radiology sub-committee’s work will continue through the new committee Professional Issues and Economics in Radiology (PIER). It’s extremely important for our members to be trained in leadership and management skills. We need to find the best approaches to be more efficient and attract more people to these courses.

Mentoring is very useful to professionals at the start of their careers. Did you benefit from having a mentor? Do you think that the ESR could help in mentoring programmes?

Mentoring was definitely very important for me. I trained in Barcelona at the Hospital de Sant Pau with [Professor José Cáceres](#). His mentoring was so important for my career. Mentoring is something for the ESR to consider, certainly. We don’t have formally organised programmes yet.

As a society with over 60,000 members how can you stay responsive to your membership?

We try to be as close as possible. We have established an office in Colombia, in Latin America, as we have so many members there. We are investing greatly in our online efforts and resources, for example [ESR Education on Demand](#), and ECR Live, including interactive possibilities. Through the [European School of Radiology \(ESOR\)](#) we are also organising courses in Asia and in Latin America. Mostly through the internet we can keep in contact with the majority.

You have talked about maintaining the integrity of radiology and suggested that radiology should focus more on the clinical field. Please expand on this.

It is important for us to keep our technological profile in order to keep the specialty with clear distinct content. We are getting closer and closer to the clinicians and working actively on specific diseases with clinical profiles. As we face in some parts of Europe a shortage of radiologists, sometimes we have to decide where to focus more. The clinical approach is important. We need to take care of the technology together with radiographers, medical physicists, bioinformaticists, biochemists — all these professionals have to be involved in our department in order to get the technology at the highest level. We have to be closer to the clinicians and to the patients. One important factor for radiologists is that we are used to, and probably better than, other clinicians in managing high technology. With this technology we work together efficiently with clinicians and patients keeping security and quality central to the mission. This is key in order to keep our specialty integrated, important and visible at the institutional level.

The [ESR Working Group on Economics produced a paper on the economic crisis \(ESR 2015b\)](#), in which they recommended appropriate use of existing services, robust equipment replacement programmes and coordinated workforce plans. How is the ESR going forward with these recommendations?

We aim to provide the best possible information on the situation of different European countries. We collect information on the age of the installed equipment in order to get an idea of the equipment available in one specific region or country and the level of performance of this equipment. This information will help people to make their cases to improve technology. One of the possible applications of the [ESR iGuide](#) as a decision support tool is in relation to equipment. The appropriateness criteria experience in the U.S. was to diminish or flatten the trend of increased examinations. However, in other places the situation could be that the appropriate examination is MRI, but if you simply do not have an MRI scanner, this can help to make the case to install it in

order to give the patient the best service possible.

On workforce, we have a lot of information in the [ESR imaging observatory](#), for example the number of radiologists per inhabitant in different parts of Europe. It is variable, and of course the situation in one country can impact on another. For example, the UK has a high proportion of unfilled radiologist positions, and they are trying to hire radiologists from Eastern Europe in particular. It is a problem, and it is not easy to help everyone.

In your [Zoom On profile for HealthManagement.org](#) your top management tip is “Delegation”. Do you have further tips to share?

Delegation is important, but to delegate you have to employ the best people. You need to take care of the people working in the department. By taking care I mean provide them with their own career, help them to be as good as possible. I spend quite a lot of time with people in my department so that they have their own personal projects and are working together. Having an organisation and just telling everyone what they are supposed to do will not work. In future we have to be more horizontal in our organisations.

Prof. Donoso trained at the Autonomous University of Barcelona School of Medicine where he received his MD and PhD. In 1992 he became Chairman of the Radiology Department of the UDIAT Diagnostic Centre at the Corporació Sanitària Parc Taulí, and he was appointed Executive Director in 1998. Under his leadership a large R&D team was established at UDIAT, leading to several patents and innovations. In 2006 he joined Hospital Clinic of Barcelona, when he also became Associate Professor of the Faculty of Medicine of Barcelona University.

Prof. Donoso was Vice-President of the Spanish Society for Diagnostic Radiology (SERA M) from 1998 to 2002. He was elected President in 2002 and finished his term in 2006. He has been awarded the Gold Medal of the Spanish Society of Radiology. He is President of the Spanish Foundation of Radiology, and holds honorary memberships of the national societies of radiology of Argentina, France, Germany, Italy and Mexico. Prior to becoming ESR President, he served on the Executive Council and was Chairman of the Professional Organization Committee.

Prof. Donoso has published over 110 articles, seven book chapters, and has given numerous invited lectures at prestigious universities, congresses, and courses.

Published on : Sat, 27 Feb 2016