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Why is MIR (Management in Radiology) Such an Important Annual Conference?

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The reason is because productivity is the name of the healthcare game nowadays, and the referee is audit. Good management improves productivity, and good audit documents that productivity. This is as true for radiology as it is for all other medical and surgical disciplines, and it is no different from every other walk of life from industry to banking. Gone are the days when it was good enough to be a competent doctor and to care for one's patients to the best of one's ability. Today doctors have to prove they are competent and they have to prove they care for their patients well, and they continually have to go on proving it: day in, day out, year in, year out. There is no point trying to fight this mandate because it is here to stay, and it is fast becoming a legal necessity. In the UK already, and soon elsewhere in Europe, doctors would lose their jobs if they did not undergo well-documented clinical appraisal every year of their lives as a hospital consultant, and revalidation every 5 years. All disciplines in British hospitals must have regular (monthly) meetings for audit (sometimes called clinical effectiveness), for clinical service development and for risk management, which form the three arms of clinical governance. Outcomes must be documented and assessed. Records must be kept. Official checks and assessments must be made. Reports must be filed. It is a wonder that any member of the medical profession has any time left to see patients and practise medicine.

The only way for the medical profession to survive in today's climate of hostile focus upon productivity and proof of competence is to exploit computerised systems of audit and electronic documentation to the full. Radiology is an advanced player in this game of electronic records, with wide experience of numerous computerised systems including the radiological and hospital information systems (RIS and HIS), picture archiving and communication systems (PACS), speech recognition digital dictation systems; and with some experience in remote electronic requesting (order communications) and the electronic patient record (EPR). These systems must be further developed and seamlessly integrated so that they are easy and intuitive to use. The medical profession, and radiologists in particular, must seize every opportunity to customise such systems to serve their needs optimally with respect to productivity and its evaluation. Surely it is better for the medical profession to lead the drive to improve delivery of service in healthcare, and to ensure there is self-interrogation, constructive criticism, openness and transparency throughout the whole workflow pathway, rather than to risk having such a *modus operandi* imposed upon them from non-medical assessors in an interrogative and threatening fashion?

The organisation 'Management in Radiology' holds an annual conference (and a winter course) which addresses all issues relating to radiological (and other medical and surgical) management topics. It is highly relevant to a multidisciplinary audience which includes doctors, radiographers, nurses, other healthcare workers, hospital managers, computer engineers, information technology specialists. It is essential that all these specialists work together to promote better healthcare, without losing sight of the fact that ultimately the patient should benefit as a result of such measures, rather than creating such technological hurdles and quagmires of administrative documentation that there is no time left to treat and care for the patient. The next MIR annual conference will be held in Copenhagen from 2nd - 5th October 2005.

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