Welcome to the 13th NHS Radiology Conference!

05th November 2025
The Studio, 03rd Floor, 7 Cannon St,
Birmingham, B2 5EP

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- **Why it matters** – Stay connected beyond today's event, share challenges, and learn from peers facing the same priorities.
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Chair Opening Address

Jeevan Gunaratnam
Vice Chair, AXREM | Head of Government Affairs
Philips UK & Ireland

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Keynote Presentation

Sivakumar Manickam
Consultant Radiologist
Mid & South Essex NHS Trust

AXREM

Radiology 2030

13th NHS Radiology and Imaging Conference

Birmingham, 5 November 2025

Sivakumar Manickam

Lead Consultant Radiologist | Mid & South Essex NHS Trust

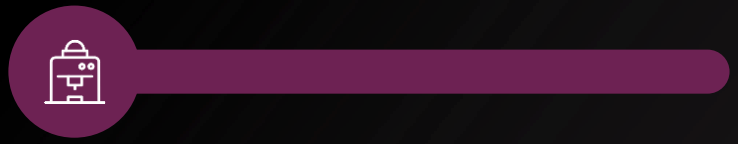
Hon. Senior Clinical Lecturer, King's College London

The Power of A.I. - From today to tomorrow

Artificial Intelligence (AI)

Current state: Task-specific intelligence.

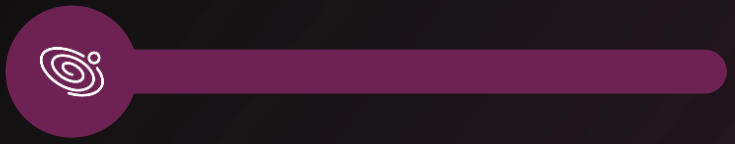
Examples: Diagnostic algorithms, predictive analytics, medical imaging analysis.



Artificial General Intelligence Intelligence (AGI)

Future goal: Human-level reasoning across all domains.

Status: Not yet achieved.



Artificial Superintelligence (ASI)

Theoretical: Intelligence surpassing human capability.

Status: Speculative concept.

Radiomics: AI-Powered Medical Imaging

Radiomics involves the extraction of quantitative features from medical images

Clinical Applications

- Early cancer detection with higher accuracy
- Treatment response prediction
- Personalised therapy selection
- Non-invasive tumour characterisation

Impact Metrics

- 30-40% reduction in unnecessary biopsies
- Earlier detection of aggressive tumours
- Improved prognostic accuracy

Agentic Architecture: Autonomous AI in Action

Autonomous AI systems that perceive, decide, and act

Goal-oriented behaviour

AI systems are designed to achieve specific objectives with minimal human intervention

Environmental awareness

They gather and interpret data from their surroundings to adapt their actions

Independent decision-making

These systems can make choices and execute actions without constant oversight

Healthcare applications:

Robotic surgical assistants

Enhancing precision and reducing human error in complex procedures

Continuous patient monitoring systems systems

Detecting subtle changes in patient condition and alerting clinicians proactively

Automated treatment optimisation

Personalising drug dosages and therapy plans based on real-time data

Fear to Augmentation

"We should stop training radiologists now. It's just completely obvious that within five years, deep learning is going to do better."

Dr. Geoffrey Hinton, in 2016

But nearly a decade later, we've learned something profound: AI is not replacing radiologists, it's redefining their potential.

Routine Screening & Detection

Automating the laborious initial review of countless images and freeing up valuable human time.

Focus on Complex Cases

Radiologists can now pivot their focus to the most challenging and ambiguous cases

Collaborative Expertise

AI flagging anomalies and providing data-driven insights, while the radiologist retains ultimate diagnostic authority.

Improved Outcomes & Satisfaction

The result is not only improved patient outcomes through faster and more accurate diagnoses but also enhanced job satisfaction for radiologists.

Embracing Augmentation

The initial fear of replacement has evolved into an embrace of augmentation, recognising AI as a tool that amplifies human expertise rather than diminish it.

The A.I. Paradox

AI Success Stories

In Somerset, AI keeps elderly patients out of hospital during winter. In stroke units across England, AI saves brain tissue by saving critical minutes of treatment times.

Yet...

Yet we deploy algorithms trained on adults to predict health risks in children, geographic and ethnic bias

Which is true?

Is AI the solution for Healthcare pressures?

or

Another technology looking for problems to solve?

Answer depends entirely on one question:

“Who was listening when the problem was defined?”

When Solutions Search for Problems

> "Healthcare innovations arrive fully formed, seeking validation rather than collaboration. The solution defines what problems it can solve - the exact opposite of how medicine actually works."

IBM Watson for Oncology

Trained on hypothetical cases and single-institution protocols. Recommendations contradicted clinical judgement because oncologists were not defining problems from inception.

Early EHR Implementations

Built by IT companies, imposed on clinical workflows.
Result: workarounds, dropdown fatigue, clinicians spending more time with screens than patients.

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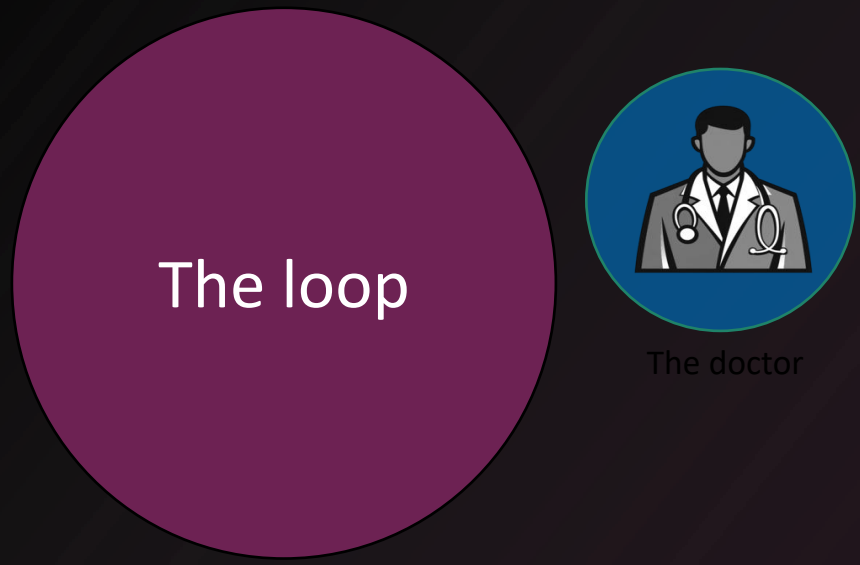
Impressive lab accuracy, poor real-world adoption because they didn't solve actual workflow bottlenecks.



The Paediatric Problem

AI algorithms achieve 95%+ accuracy detecting fractures - but trained almost entirely on adult skeletal data. When applied to paediatric imaging, they miss growth plate variations, congenital abnormalities of the bone and misinterpret normal developmental features as pathology.

A child is not a mini-adult. Their bones are growing, their physiology is different, their disease presentations are unique. Yet we've built intelligence that treats them as scaled-down versions of adults.

Congenital abnormalities

Innovation Imposed is Innovation Resisted

When doctors, nurses, radiographers, patients are brought in at validation stage rather than problem-definition stage, we're treated as just end-users, not co-creators.

Image: Springer Nature, Open access

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Radiology Workforce Crisis – The Heart of Diagnosis

Radiology has always been the **heart of diagnosis** - the window through which we see what the human eye cannot.

6-8 Week Wait

For non-urgent imaging, delaying crucial diagnoses and treatments.

40M+ Examinations

Over 40 million imaging exams annually in England, rapidly rising.

30% Vacancy Rate

Critical staffing shortages in some UK radiology departments.

Radiologist Burnout

Increasing workload pressures jeopardise workforce retention.

A.I.

The Reality

The Challenge: Demand is rising faster than workforce growth.

The Question: Can AI build resilient capacity without compromising quality?

The Loop

When AI Learns to Listen

A.I. in stroke care

1 The Problem

Time is brain. 1.9 million neurons lost per hour. A 4.5-hour treatment window where Every Minute Counts.

2 The Solution

Stroke teams defined their need: faster diagnosis, faster triage, faster treatment activation. AI developers built to *that* specific problem.

3 The Results

Door-to-CT time 15-20 minutes faster. CT-to-treatment time up to 15 minutes faster.
2% mortality reduction per hour improvement in treatment time.

This works because clinicians defined the problem, participated in shaping the solution, and remain in control of clinical decisions. The AI speeds processes they already understood.

Ref: NHS Somerset, Brave AI

A.I.

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Case Study 2: Somerset Winter Admissions

The Collaborative Solution

- 4 GP practices, ~20,000–30,000 patients
- AI risk stratification identifies high-risk patients
- Triggers proactive interventions before crisis hits
- Embedded in existing winter care planning

The Results

- Fewer emergency admissions
- Reduced A&E crowding during peak winter pressure
- Improved chronic disease management
- Patients receiving care in appropriate settings

How!

1. Problem-First
Clinical teams articulate the challenge

2. Integration
AI embedded in existing workflows

3. Accountability
Clinicians remain in control

A.I.

Ref: https://nhssomerset.nhs.uk/news/ai-to-help-boost-nhs-winter-response-and-prevent-avoidable-admissions/

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Bridging the Access Gap

Current Reality

6M+ NHS waiting list

1,000+ radiologist vacancies

Rural communities: weeks for imaging results

Specialist access varies by location

THE AI SOLUTION

- Mobile imaging + AI diagnostics
- Analysis in minutes, not weeks
- Abnormality detection & instant alerts
- Specialist-level insights everywhere

Beyond Detection: Radiomics

AI analyses image features to predict treatment responses
and personalize care reducing unnecessary biopsies by 30-40%

For millions without timely specialist access, AI isn't a luxury — it's a lifeline

A.I.

The Three Pillars of Success

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Stroke teams understand what AI detects, know its limitations, and recognise when to trust versus question AI alerts.

Ethical Foresight

Human override embedded in every decision point. Radiologist review remains essential.
AI augments but never replaces.

Adaptive Curiosity

Continuous feedback loops refining algorithms. Teams acknowledge challenges and willingness to iterate rather than accept first-generation limitations.

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> "We don't need every clinician to code, but we need every clinician to be a critical consumer of AI outputs."

01

Understanding Training Data

Recognise sources and limitations, algorithmic bias.

The Loop

> "We don't need every clinician to code, but we need every clinician to be a critical consumer of AI outputs."

01

Understanding Training Data

Recognise sources and limitations, algorithmic bias.

02

Critical Evaluation

Ask: "What could this system not see?"

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> "We don't need every clinician to code, but we need every clinician to be a critical consumer of AI outputs."

01

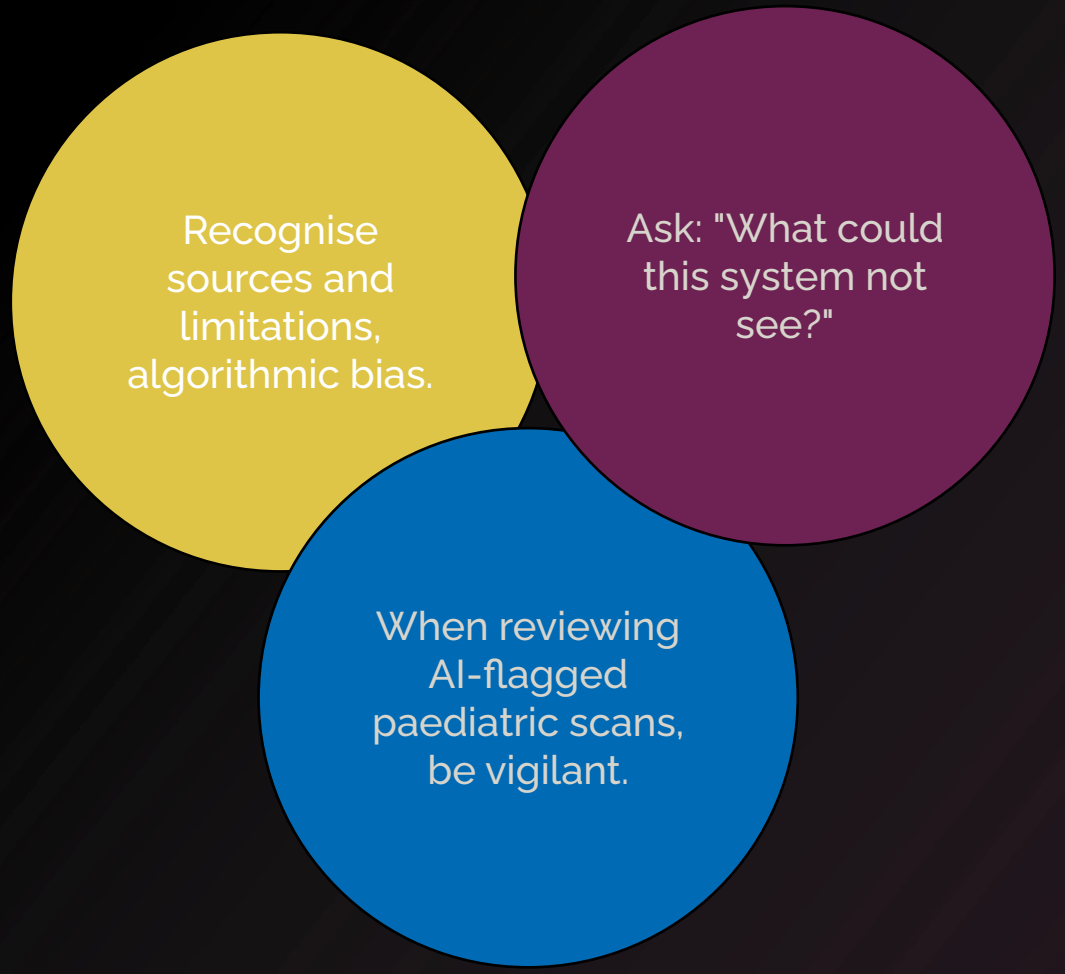
Understanding Training Data

02

Critical Evaluation

03

Informed Use



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> "We don't need every clinician to code, but we need every clinician to be a critical consumer of AI outputs."

01

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02

Critical Evaluation

03

Informed Use

Medical Professional

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AI diagnostic tools perform brilliantly on high-end imaging equipment but struggle on older scanners in under-resourced departments.
Who benefits from this innovation?

Training Data Representation

Algorithms trained predominantly on one demographic show lower accuracy for ethnic minorities, different age groups, and socio-economic populations.

Access and Digital Literacy

AI-driven remote monitoring requires patient digital engagement, excluding elderly populations without digital access.
This reinforces health inequalities.

When governed with foresight and integrity, AI can transcend divides and become a unifying force for equitable global progress. But this requires prioritising equity from day one - Not an Afterthought.

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Pillar 2: Legal Foresight

Image: New York Times

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Parents of 16-year-old sue OpenAI, claiming ChatGPT advised on teen's suicide

By Clare Duffy CNN

Thursday, August 28, 2025

Verdict pending

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Pillar 2: Legal Foresight

ChatGPT

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ChatGPT Salt Advice Triggers Psychosis, Bromide Poisoning in 60-Year-Old

Benjamin Burgard

UK

October 01, 2025

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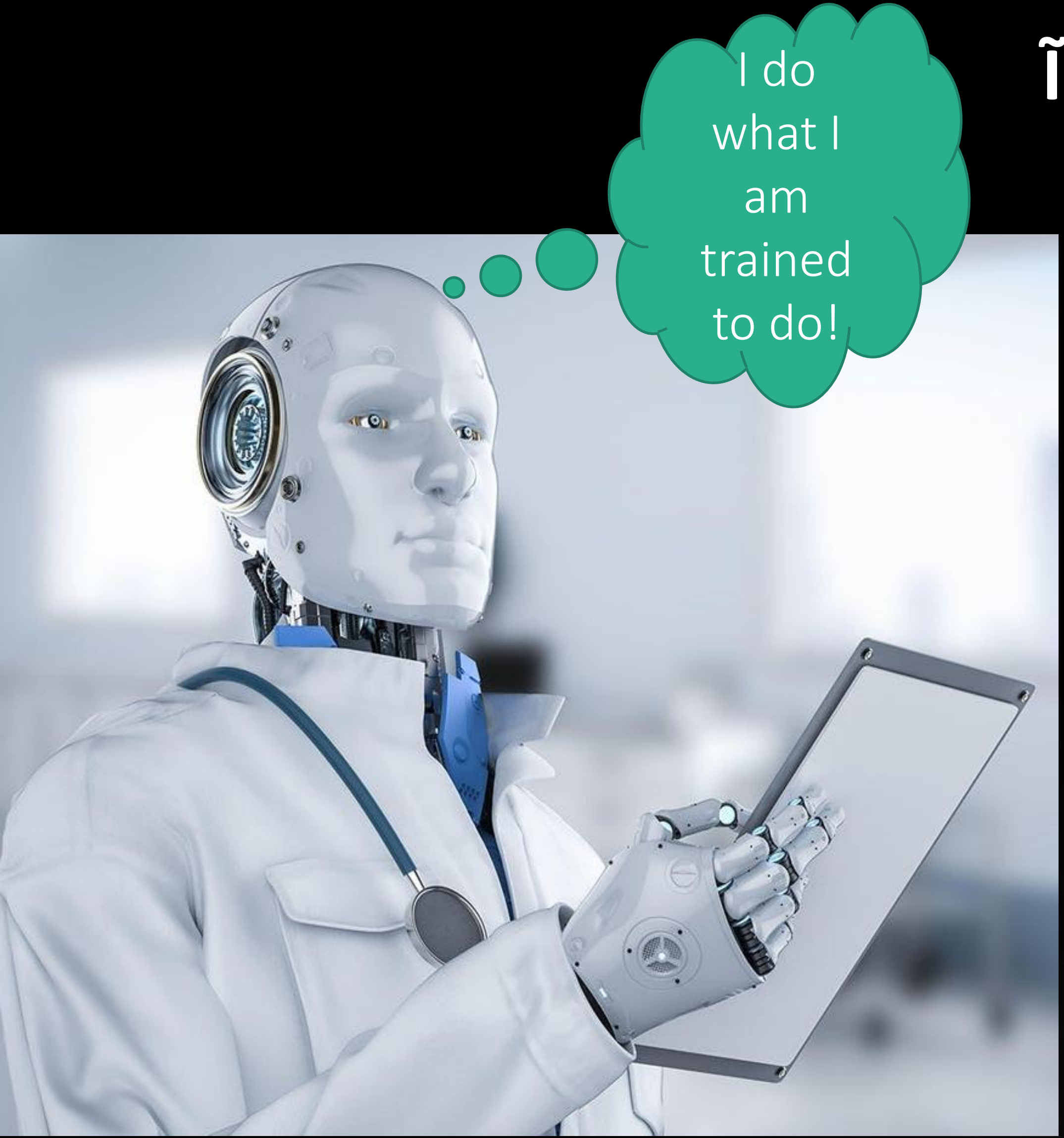

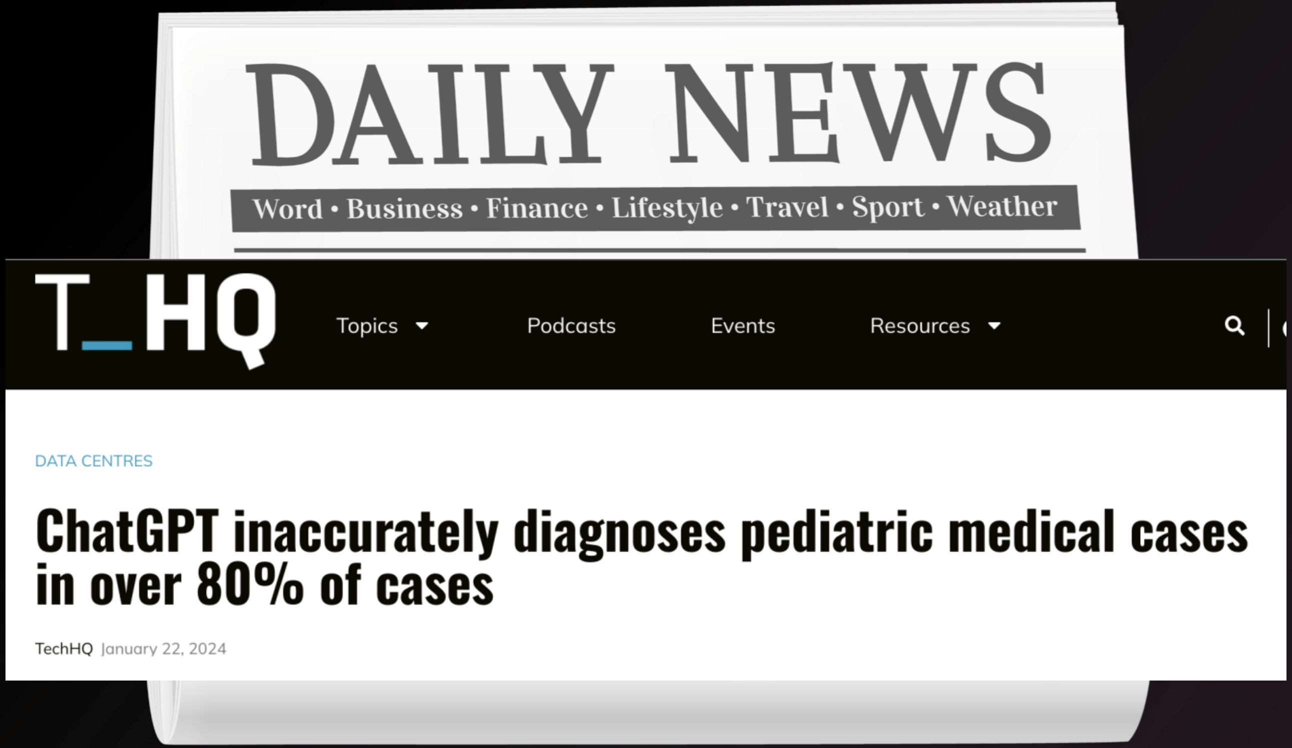

T_HQ Topics Podcasts Events Resources

DATA CENTRES

ChatGPT inaccurately diagnoses pediatric medical cases in over 80% of cases

TechHQ January 22, 2024

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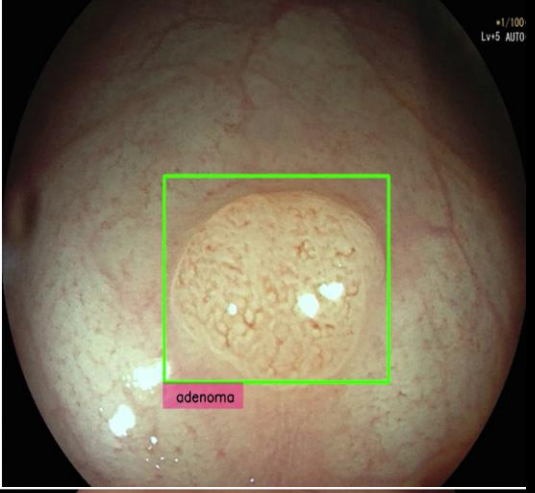

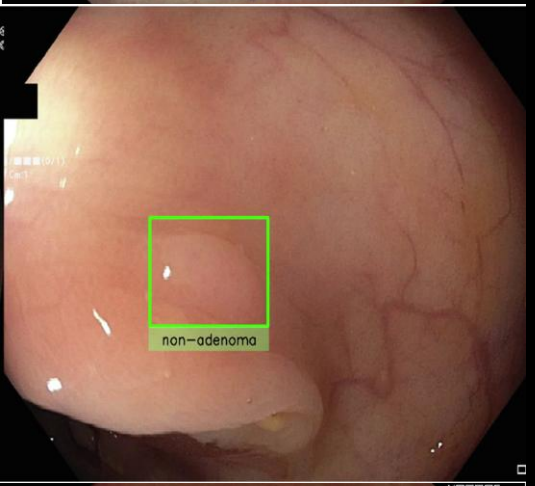

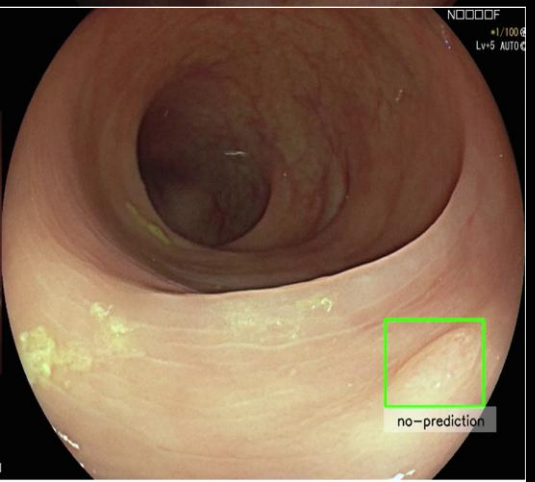

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Clinical Gastroenterology and Hepatology

2513.E4, November 2022

Open Access

Artificial Intelligence Allows Leaving-In-Situ Colorectal Polyps

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GIE

Gastrointestinal Endoscopy

REVIEW ARTICLE · Volume 90, Issue 1, P55-63, July 2019

Download Full Issue

Quality assurance of computer-aided detection and diagnosis in colonoscopy

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Who’s liable
when AI gets it wrong?

The
Loop

Pillar 3: Adaptive Curiosity

Acknowledging that AI is an evolving tool, requiring constant feedback and iteration to align with the dynamic realities of clinical practice.

- **Continuous Monitoring - The NHS Model**

  Implement rigorous, ongoing performance reviews of AI systems against real-world clinical outcomes, not just lab benchmarks.

- **Integrated Feedback Loops - Accessible Channels**

  To report AI anomalies, suggest improvements, and engage directly with development teams.

- **Culture of Iteration - Question >> Refine >> Retrain**

  View AI as a co-pilot that evolves with clinical wisdom

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A.I. - Our Next Tool for Human Augmentation

The Quill and Pen

For centuries, the quill and pen were the primary instruments for human thought and expression. They required precision, skill, and careful deliberation, making writing an intricate and often slow process.

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The advent of the typewriter and later the keyboard revolutionized writing. These tools didn't replace human thought, but amplified our capacity to articulate ideas faster, more legibly, and disseminate them widely, enhancing human communication.

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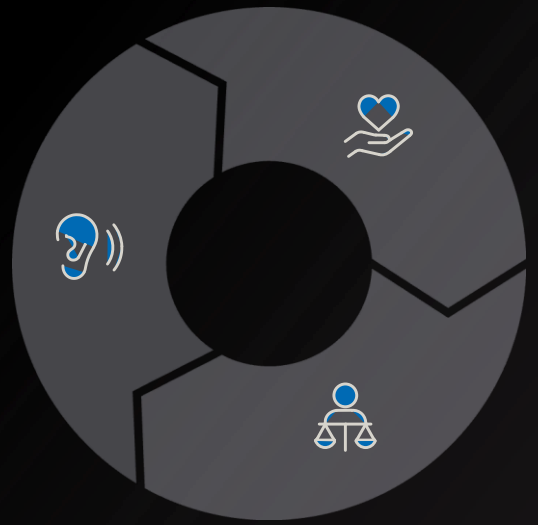
Shaping the Future Together

Before Adoption	Demand Transparency	Build Feedback Channels
Ask: "Who defined the problem? Were clinicians in that room from the start?"	Show me the training data demographics. What are the failure modes?	Create systems where frontline staff can report when AI doesn't work as expected.

> "We stand at a defining moment. AI in healthcare is still young enough to be shaped by our values. The decisions we make now will determine whether AI becomes a force for equity or a driver of greater divides."

Listen

Intelligence that listens to human need



Serve

Systems that ask 'What matters most to patients?'

Equity

Innovation that advances equity, not just capability

The question isn't whether AI will transform healthcare. It will.
The question is whether we'll transform AI first, into something worthy of the patients we serve and the future generations who will depend on the healthcare system we build today.

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Human-centered A.I.

UK vs EU: Health Data Governance

(With Abbreviations)

Aspect	United Kingdom (UK GDPR)	European Union (GDPR & EHDS)
Legal Framework	UK General Data Protection Regulation (UK GDPR) + Data Protection Act 2018 (DPA)	General Data Protection Regulation (GDPR) + European Health Data Space (EHDS)
Health Data Status	Special category data (Article 9)	Special category data (Article 9)
Lawful Basis	Explicit consent or legal basis — e.g., research, healthcare, or public interest	Explicit consent or limited exemptions — e.g., research, health, or public interest
Oversight	Information Commissioner's Office (ICO), Confidentiality Advisory Group (CAG), Health Research Authority (HRA)	National Data Protection Authorities (DPAs) and EHDS Board
Data Access	NHS Digital / Health Data Research UK (HDR UK) — controlled access via Data Access Request Service (DARS)	Data Access Bodies (DABs) under EHDS framework
Anonymization	Fully anonymized data excluded from UK GDPR scope	Fully anonymized data excluded from GDPR scope

From Policy to Practice: Making AI Work in NHS Imaging

- 1 Turning Ambition into Action
- • Bridge national strategy ↔ local workflow
- • Align AI with clinical pathways, not just policy goals
- • Embed “AI champions” within departments

- 2 Scaling Beyond Pilots
- • Standardise business cases and evaluation frameworks
- • Build interoperability from the start (PACS / RIS / EPR)
- • Share learning through regional or network-level hubs

- 3 Takeaway for Tomorrow
- • Mindset: Treat AI as service redesign, not a tech bolt-on
- • Process: Map your data & integration readiness
- • Quick win: Nominate one cross-functional AI lead

- Bottom line:
- Policy sets the direction — local leadership, integration, and shared learning make it real.

Acknowledgement

Augsidius Health Technologies

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Dr. Akhila Kosuru
Founder & CEO
Augsidius Health Technologies

Dr. Mukul Upadhyay
Lead – Clinical Research
Augsidius Health Technologies

Thank you

Sivakumar Manickam

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Panel Discussion

Mr Chris Sleight
MSc BSc FIBMS
Ex Diagnostics Leader within the NHS

Charlotte Beardmore
Executive Director of Professional Policy
The Society and College of Radiographers

Mrs Donna Holdcroft
Professional Officer
British Medical Ultrasound Society

Shirou Shadieh Masoodi
Radiology Resident, NHS

Stefan McDonald
Chief Growth Officer
xWave Technologies

Paige Ward
Clinical Product Owner - Radiology
AGFA HealthCare

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Those with a yellow lanyard attending today's roundtable please meet at the registration desk

Refreshments & Networking

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- **How to join** – Simply scan the QR code, choose your community, and start connecting today.

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Chair Morning Reflection

Jeevan Gunaratnam
Vice Chair, AXREM | Head of Government Affairs
Philips UK & Ireland

Case Study

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Case Study

Luke Wyatt
Director of Partnerships
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Case Study

Mitchell O'Gorman
Chief Executive Officer
xWave Technologies

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Fireside Interview

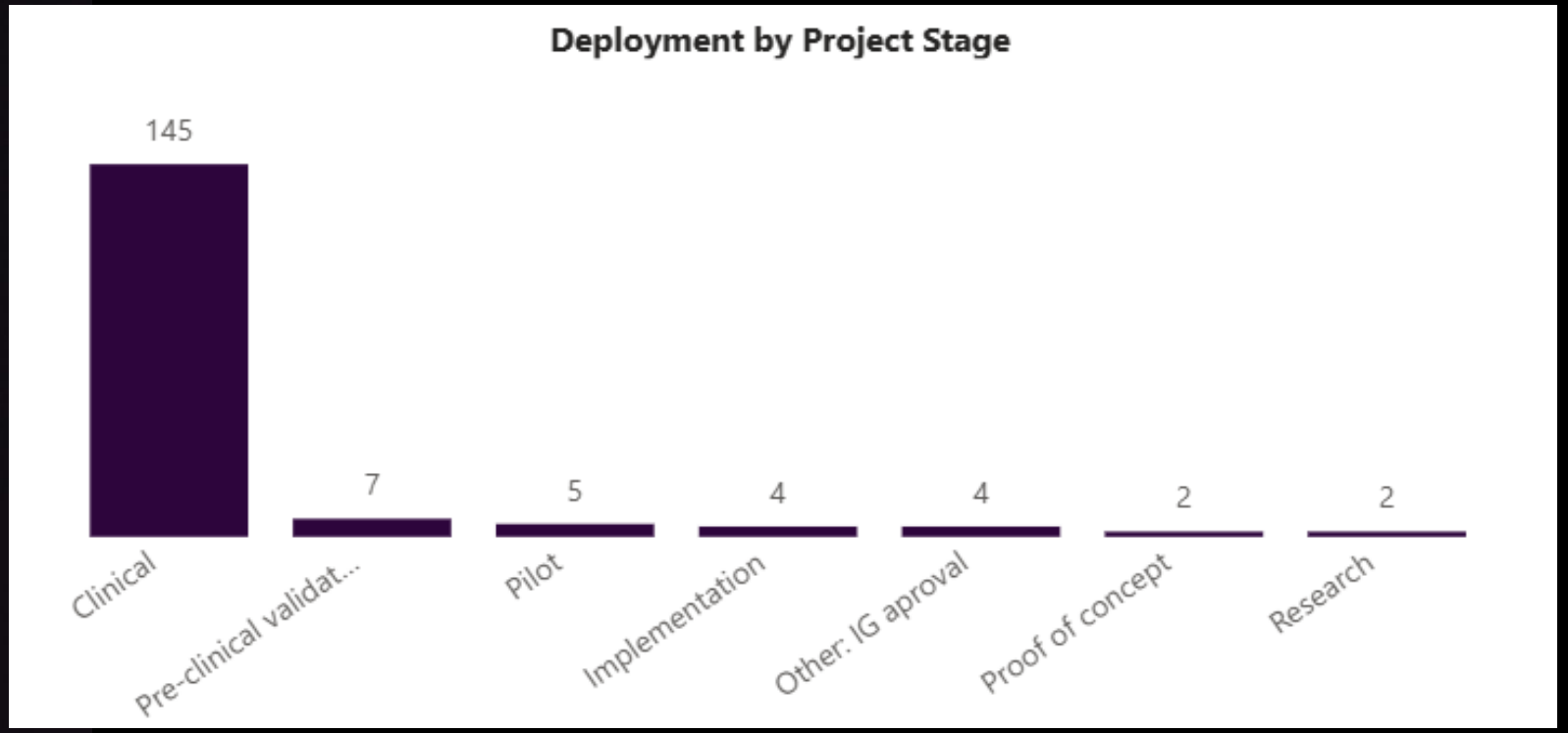
Mr Graham King
Convenor, AI Special Focus Group
AXREM

Leadership lessons from the front line

AI in Radiology

Pilots, Pitfalls & What Works

Jeevan Gunaratnam & Graham King
AXREM



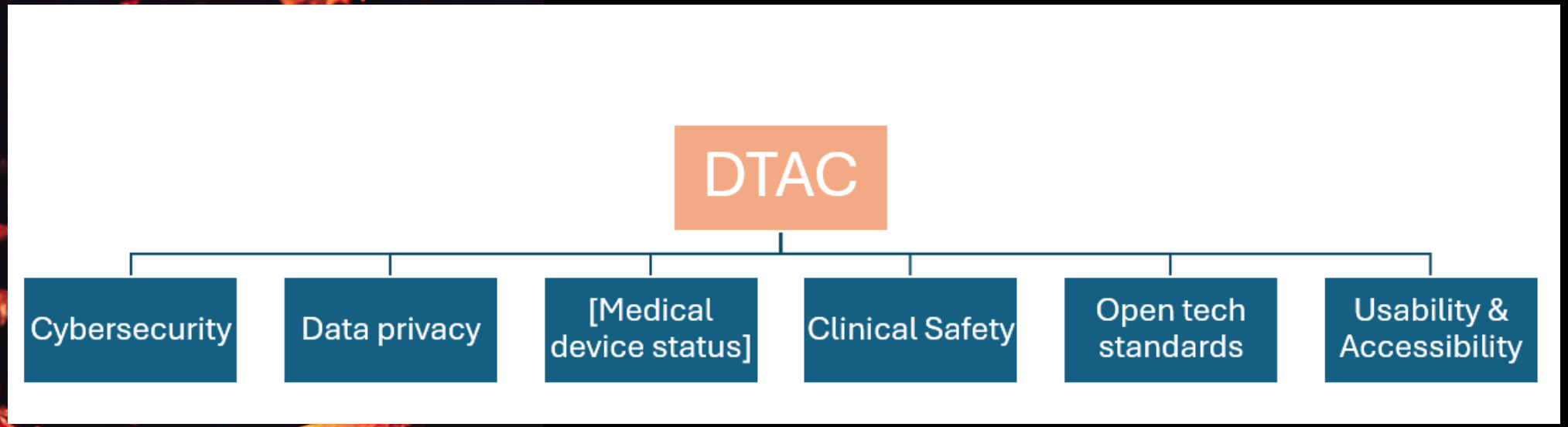
Source: Royal College of Radiologists AI Registry https://www.rcr.ac.uk/our-services/artificial-intelligence-ai/ai-registry/, data correct as of 23 Oct 2025

Leadership lessons from the front line

AI in Radiology

Pilots, Pitfalls & What Works

Jeevan Gunaratnam & Graham King
AXREM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Cybersecurity
Data privacy
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Case Study

Everlight Radiology
Radiology Unlocked

AXREM

Case Study

Helen Gray
Interim Marketing Manager
Everlight Radiology

EverlightRadiology

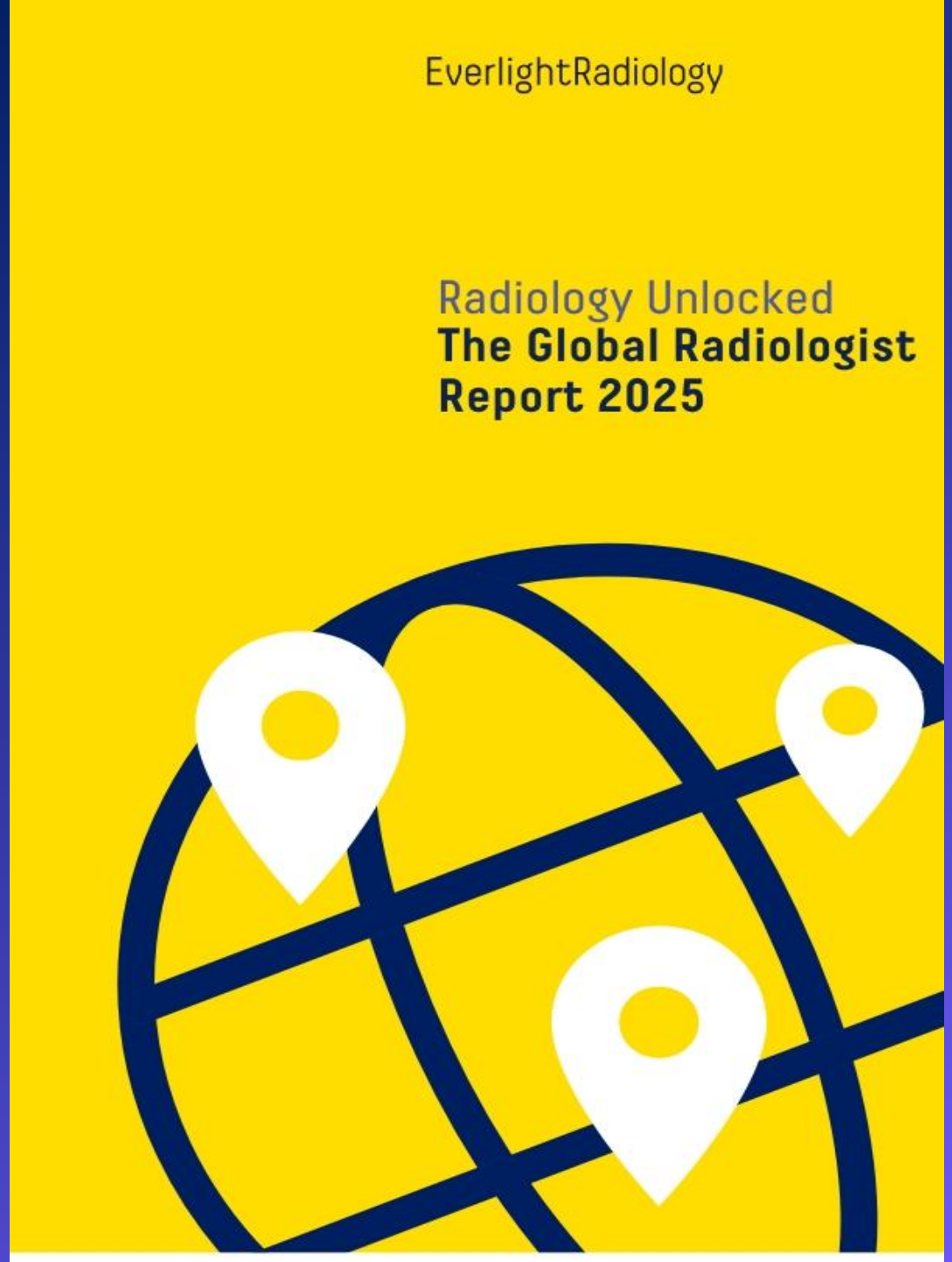
Radiology Unlocked: The Global Radiologist Report 2025

Understanding the challenges within radiology around the world

Everlight Radiology undertook a global survey at the end of 2024 through Censuswide, with responses from over 700 Consultant Radiologists from 50 countries. The findings of the survey have been developed into a report – *Radiology Unlocked: The Global Radiologist Report 2025*.

Why did we do it?

- Increasing imaging demands and a global shortage of radiologists are creating pressure on radiology services and doctors alike
- We wanted to understand and raise awareness of what those challenges are and the threat they pose to overstretched radiologists and their patients
- We also wanted to understand the differences and similarities across different regions



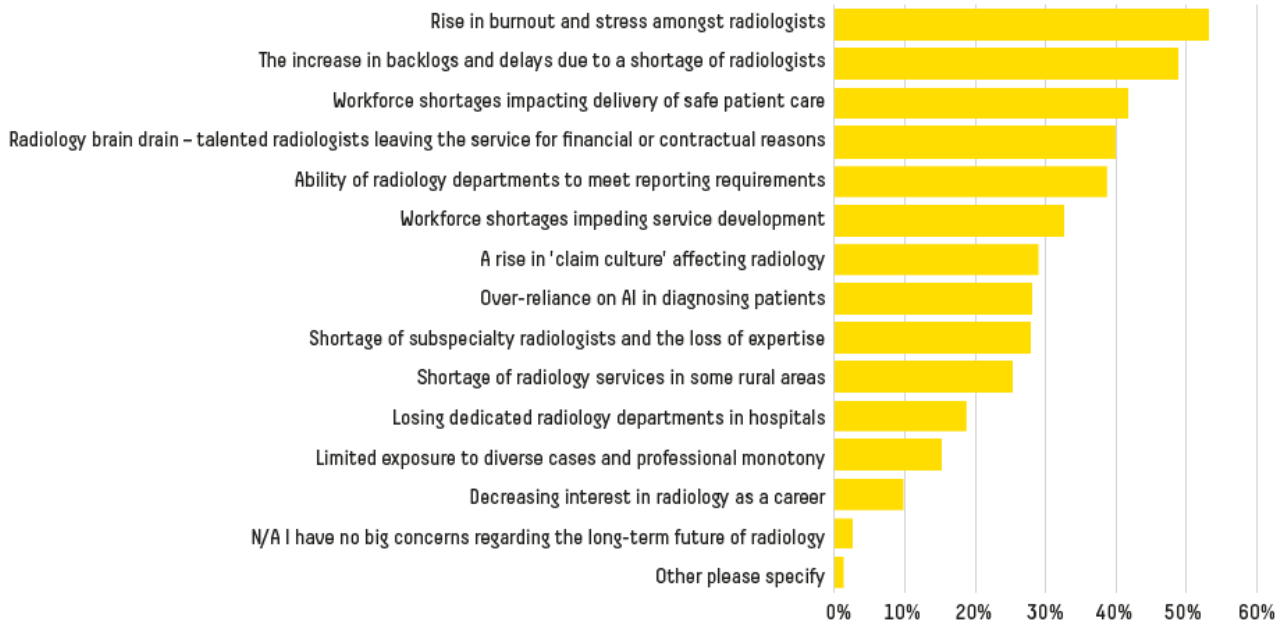
Who we asked

- **30% of respondents work with Everlight in some capacity, with just 11% identifying Everlight as their main employer. 70% of respondents worked for another hospital, healthcare setting or teleradiology company.**
- **45% of respondents were based in the UK and Ireland, and 16% were based in Australia and New Zealand. The remaining 39% were based across the globe, including 4% in India and 2% in Dubai.**

Biggest concerns?

- We asked ‘What, if anything, are your biggest concerns regarding the long-term future of radiology?’
- Burnout topped the list, followed by an increase in backlogs and delays due to a shortage of radiologists
- There was significant concern around over-reliance on AI, with 28% flagging it as a worry

Long-term future of radiology Q16. What, if anything, are your biggest concerns regarding the long-term future of radiology? (select up to 5)



53% Burnout was the biggest concern regarding the future of radiology

49% Were worried about a rise in backlogs and delays due to a shortage of radiologists

40% Said loss of knowledge through ‘brain drain’ was also a big concern

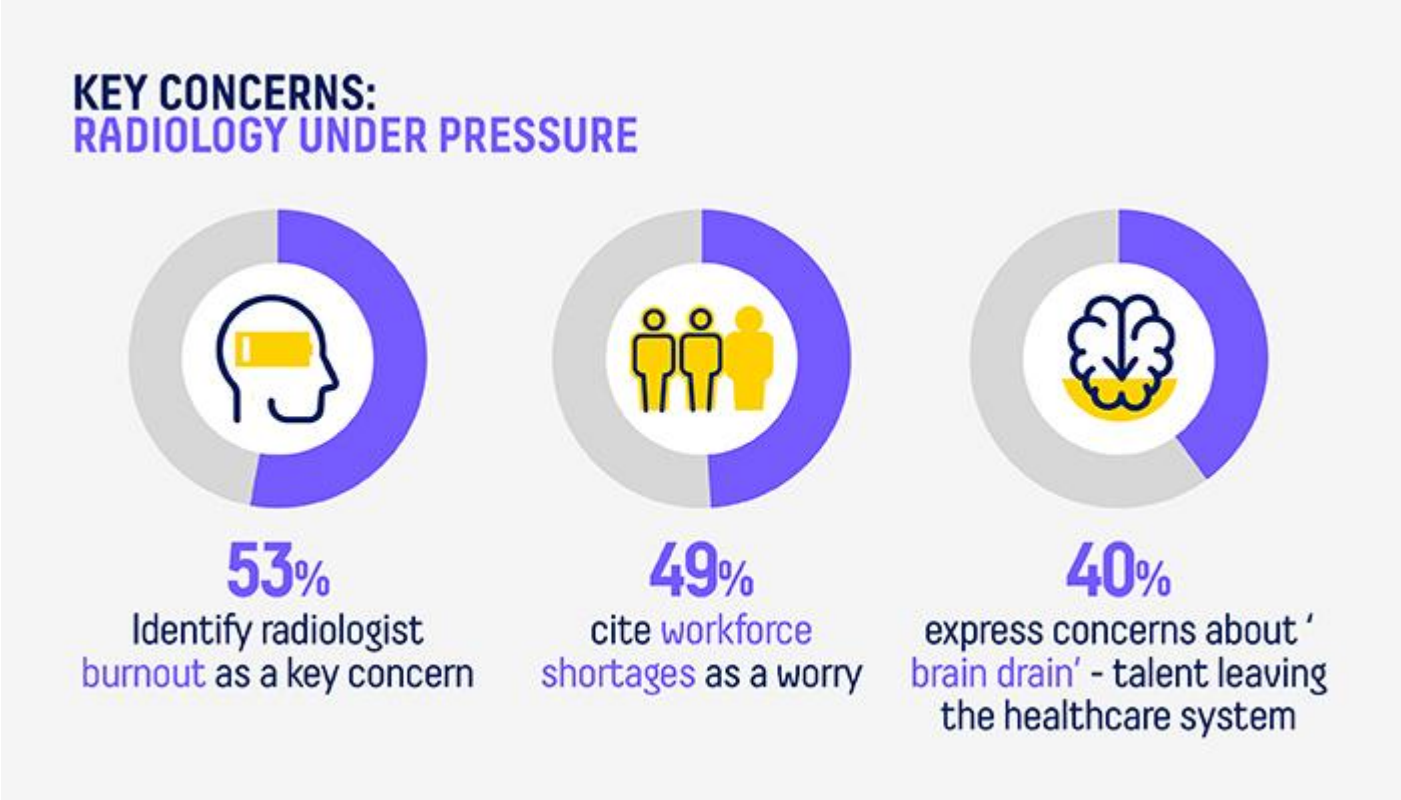
28% (1 in 4) radiologists are concerned about the over-reliance on AI in diagnosing patients

"Radiologists are the backbone of the health care system but I am seeing a lot of burnout in radiologists. We are over worked and stressed about urgent reporting, reporting scans without adequate clinical data, "gun point" reporting of VIP patients, the misuse/ over use of radiological services. These are the problems faced by us, if they can be rectified then health care would improve."

Consultant Radiologist

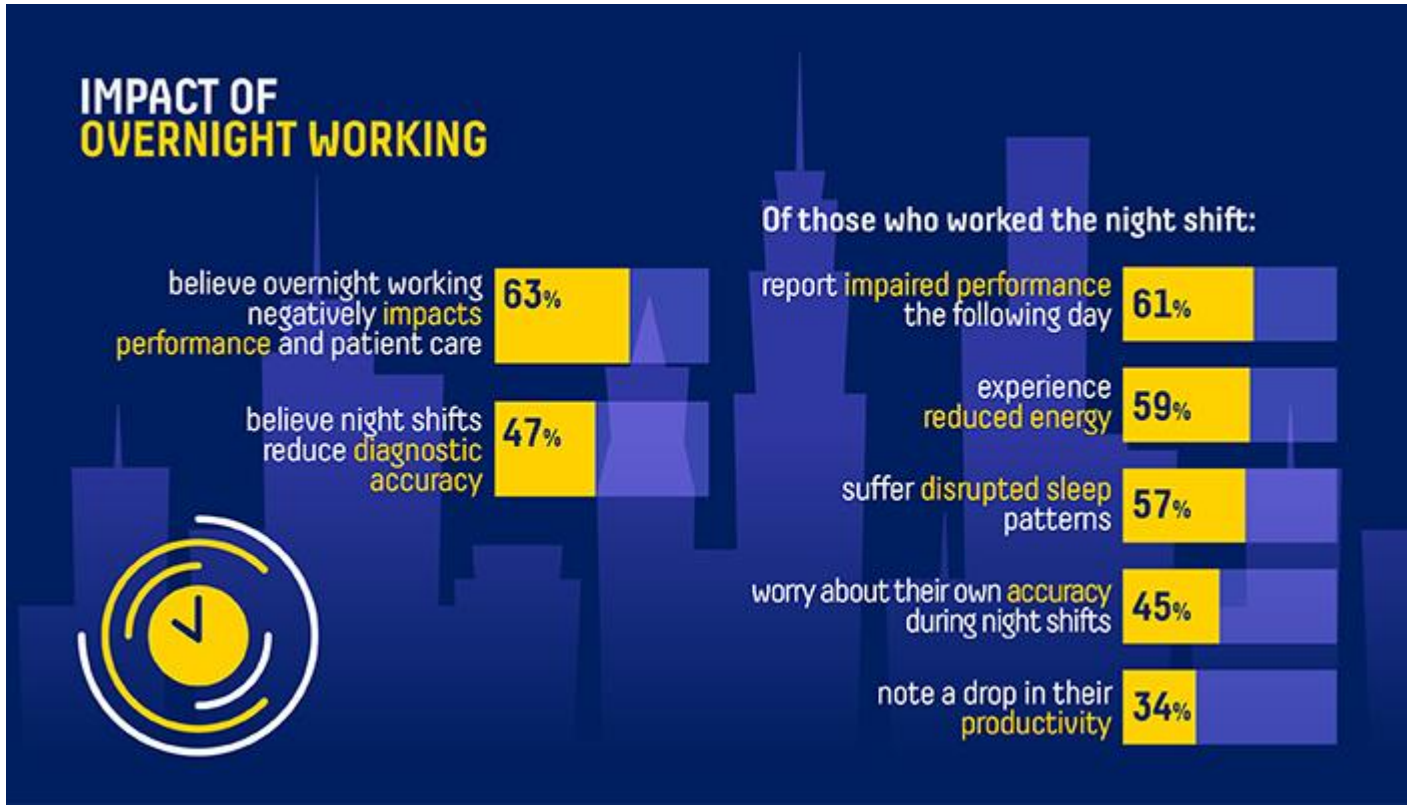
Burnout and workforce shortages

- When asked to identify the most pressing challenges, over half (53%) identified radiologist burnout as their top concern, followed by workforce shortages (49%) and brain drain – the exodus of locally-trained clinicians (40%).
- These challenges are putting immense pressure on radiologists, leading to increased patient wait times and a growing demand for innovative solutions.



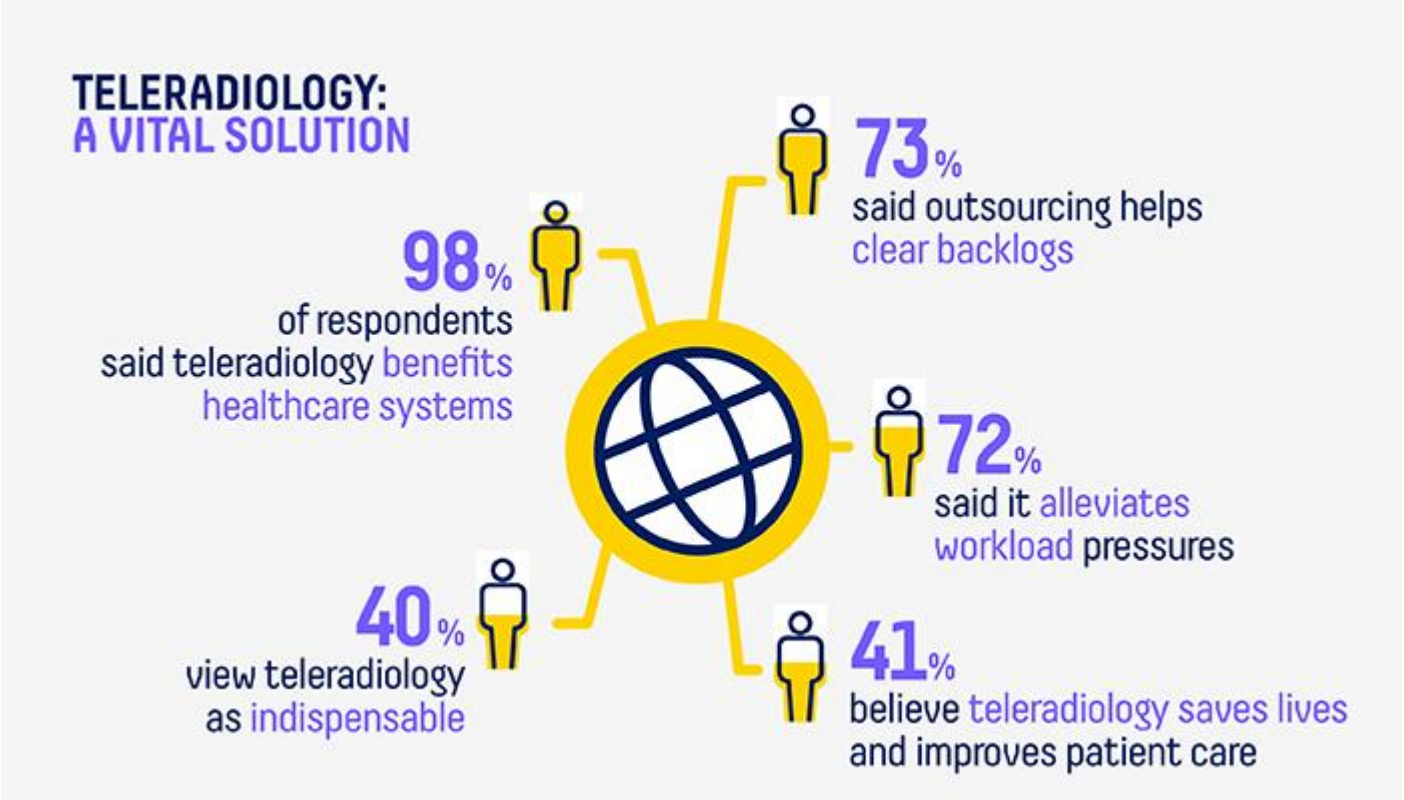
Overnight working

- **88% of radiologists say that they have worked night shifts at some point in their careers, with over a third (36%) still regularly required to do so.**
- **There is a strong consensus that frequent night shifts are unsustainable, with nearly half (47%) stating that night shifts reduce diagnostic accuracy, with an additional 63% of radiologists saying overnight working has a negative impact on performance and patient care**



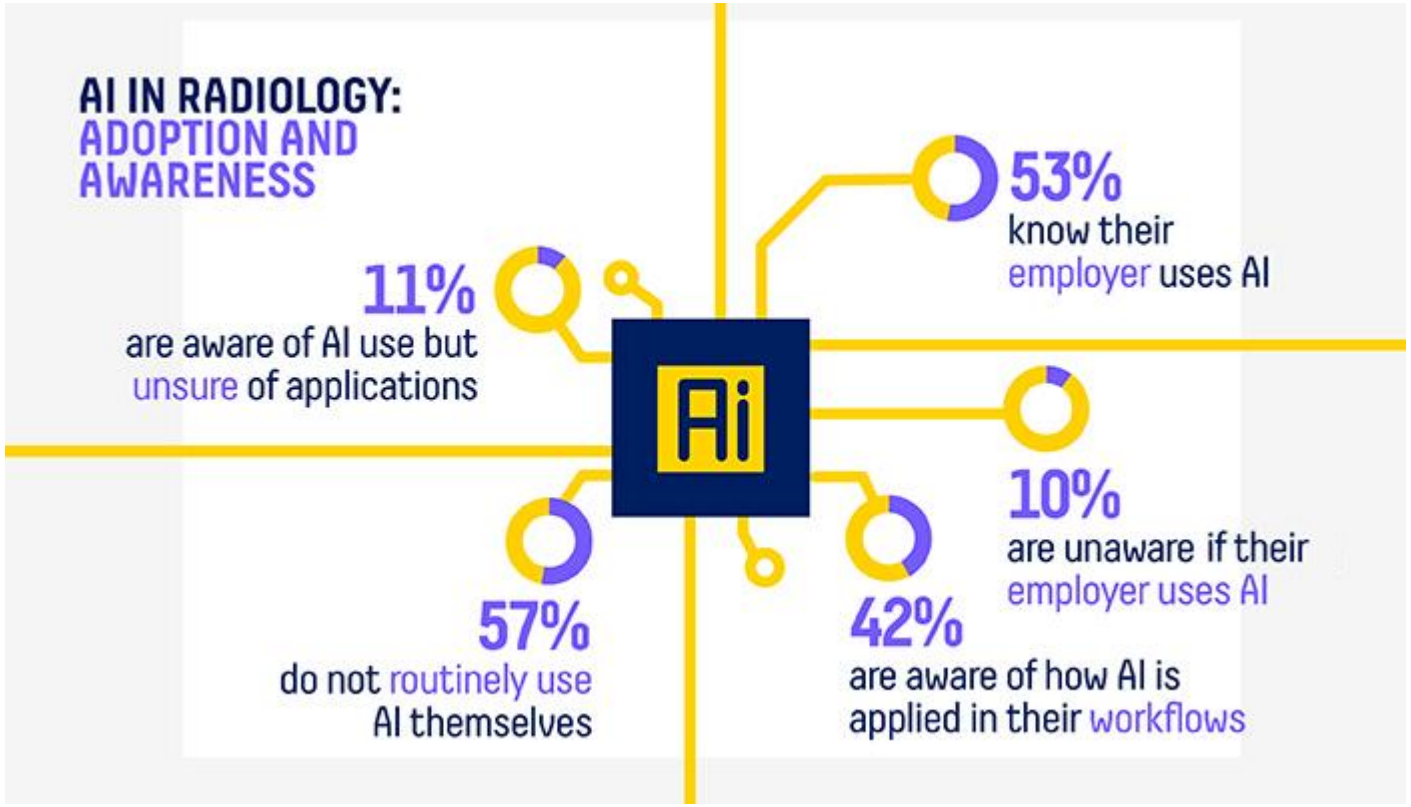
Opinions on outsourcing

- **An overwhelming 98% of radiologists recognise the benefits of outsourcing via teleradiology, with nearly three-quarters citing its ability to help in-house teams clear backlogs (73%) and reduce workload pressures (72%) as its most valued strengths.**
- **Teleradiology careers were also broadly recognised as offering several advantages over hospital-based roles, including increased flexibility in work hours (84%) and location (58%) and the opportunity to report from overseas, while still supporting domestic hospitals and patients (48%).**



Artificial Intelligence

- **While the majority of radiologists agree that AI shows promise, uptake and attitudes varied widely. Many radiologists are not yet regularly using AI with 57% of respondents stating they do not use it routinely in their roles. However, the majority see AI as a valuable tool to support, not replace, human expertise.**

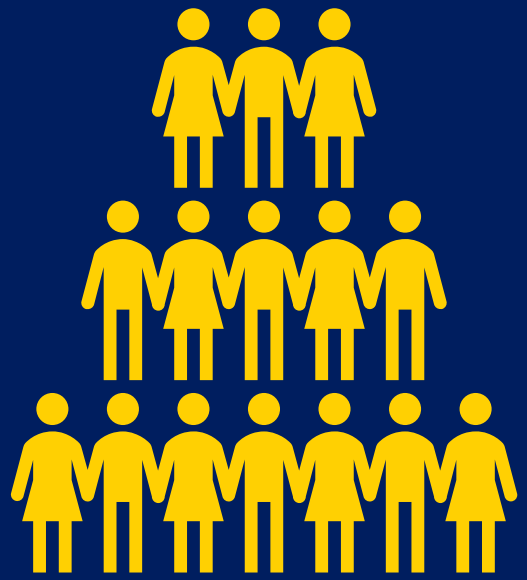


Recommendations for the future

- Radiologists overwhelmingly called for the need for a larger workforce through **greater investment in training the next generation of specialists**, as well as **better vetting of imaging requests** and **better communication** with other teams and the public around the role, proper application and potential of radiology reporting.

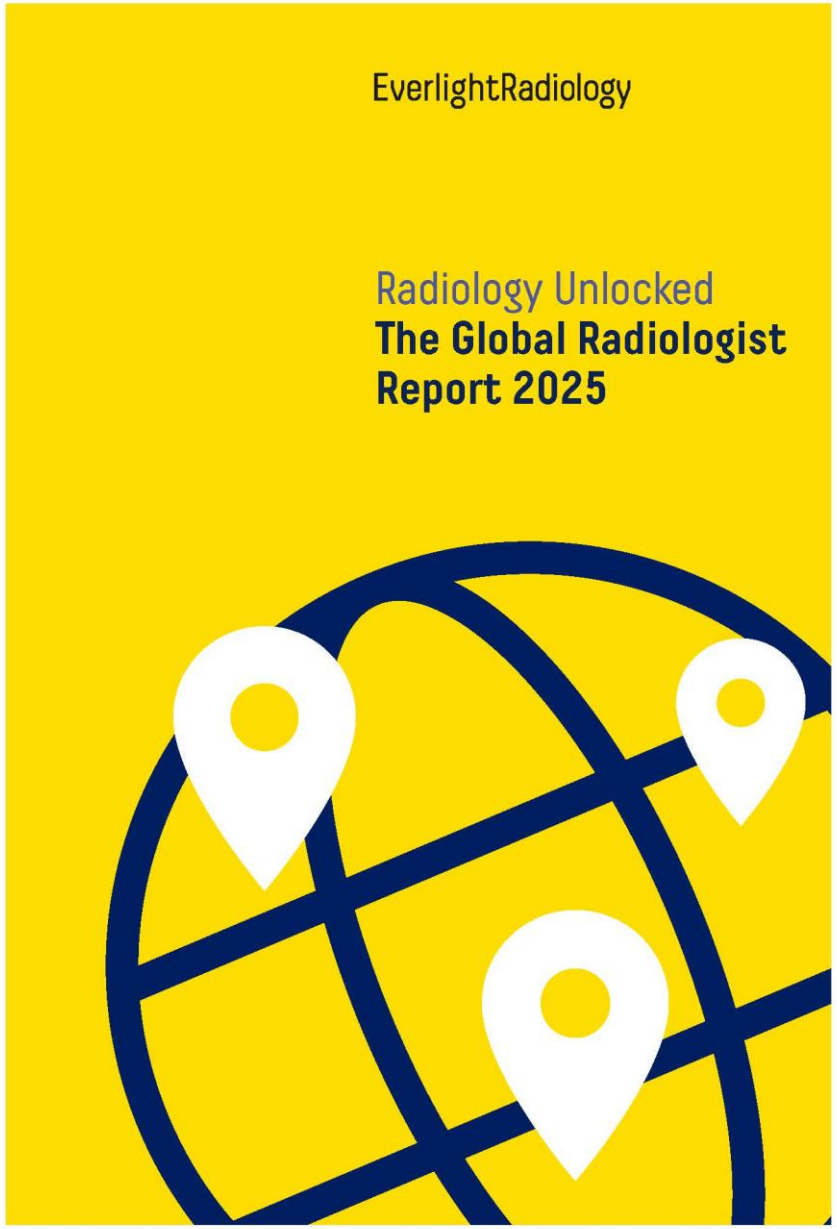
'85% of patients go through some form of imaging, reinforcing the importance of radiology. We need more training and job opportunities. More funding for radiology departments at government and trust level, cross skill and cross site training. Stronger radiology departments means a stronger health care system!'

Consultant Radiologist



Download the report here

Scan Me



Slido

Please scan the QR Code on the screen. This will take you through to Slido, where you can interact with us.

SCAN ME

Those with a red lanyard attending today's roundtable please meet at the registration desk

Lunch & Networking

Chair Afternoon Reflection

Jeevan Gunaratnam
Vice Chair, AXREM | Head of Government Affairs
Philips UK & Ireland

Keynote Presentation

Glenda Shaw
Quality Improvement Lead
RCR/CoR

Pam Wood
Quality Improvement &
Review Partner
RCR/CoR

Quality Standard for Imaging

How QSI can help address workforce pressures in radiology.

Glenda Shaw & Pam Wood

The Royal College of Radiologists

CoR THE COLLEGE OF RADIOGRAPHERS

Welcome to QSI

Quality Standard for Imaging

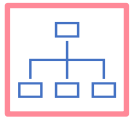
What is QSI?

CoR & RCR

The Royal College of Radiologists

CoR THE COLLEGE OF RADIOGRAPHERS

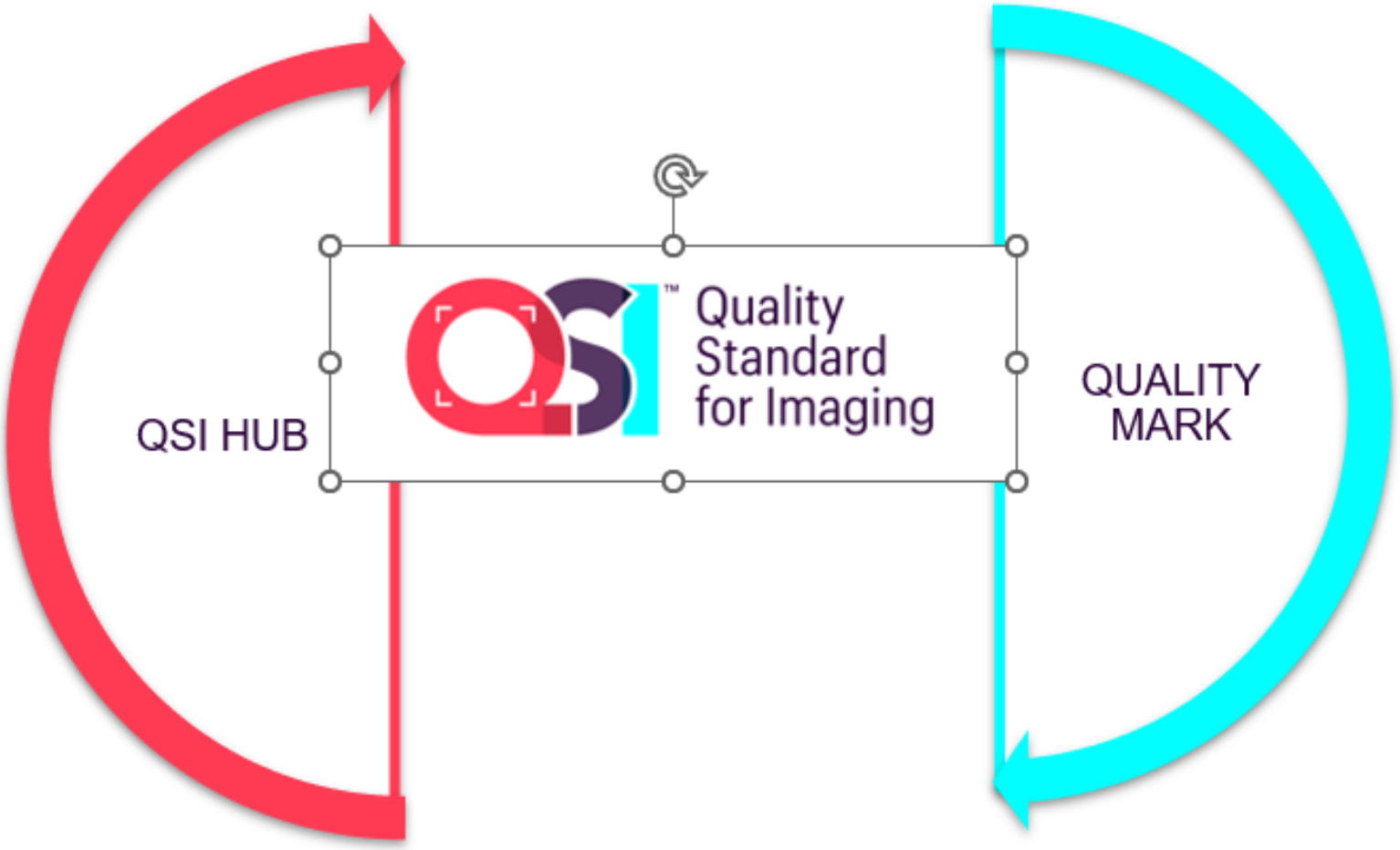
Specific standards that define what a quality imaging service looks like



Gives very practical support to services on their improvement journey

Provides a clear and consistent framework for achievement of the Quality Mark

Quality Mark Scheme

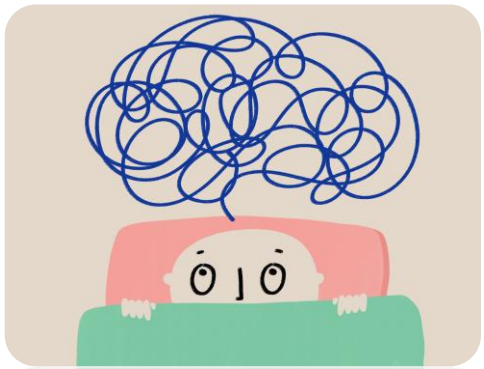


What the standards look like

Ref	Standard
XR-203	**Staffing Levels and Skill Mix** **Quality statement** Sufficient staff, with appropriate competences, are available for the expected number of diagnostic and interventional procedures for the usual case mix of patients within expected timescales. **Outcome measure** A review of required competences and capacity matches the demand requirements of the service. **Indicative inputs** • Demand and capacity reviews should be regularly refreshed within the current requirements of the service. • A clear methodology should be used to determine appropriate staffing levels and skill mix. • An appropriate skill mix of staff should be available, including medical, radiographic and nursing staff, support workers and other staff required to deliver the range of diagnostic and interventional procedures offered by the service. • Cover for absences should be available so that the patient pathway is not unreasonably delayed and patient outcomes and experience are not adversely affected when individual members of staff are away. • Staffing and skills mix should take into account: a. The number of patients, and the usual case mix, usually cared for by the service b. The service's role in the patient pathway and expected timescales c. Transfer of care to other services. • The service should be able to demonstrate how the current establishment enables these levels to be achieved in all areas. • A business continuity plan should detail how the service will respond to issues of staffing availability when this QS is not met. This should include contingency and escalation plans.

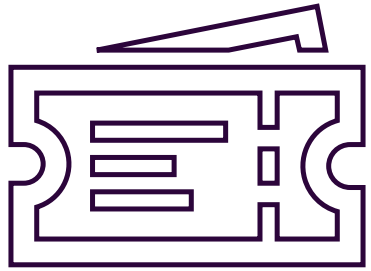
QSI Hub and QIP Support

"*Achieving this milestone marks an important accomplishment in our journey. We are now halfway through the process, and this achievement demonstrates that we are on the right track. It serves as a motivator for the team, encouraging continued progress as we address the remaining gaps and work towards completing the full Quality Mark".*



What help do hub members receive?

- A named Quality Improvement Partner (QIP) for 1-2-1 support
- Access to the Futures NHS Hub members workspace
- Peer support for the QSI journey
- A dedicated self-assessment tool to track QSI progress
- QSI Hub meetings-
- QSI study day
- Access to the document store toolbox
- The offer of additional service staff QSI CPD talks
- Support with progression to achieving the Quality Mark and the morale boosting ‘Working Towards’ award
- Getting ready for a Quality Mark review- service support



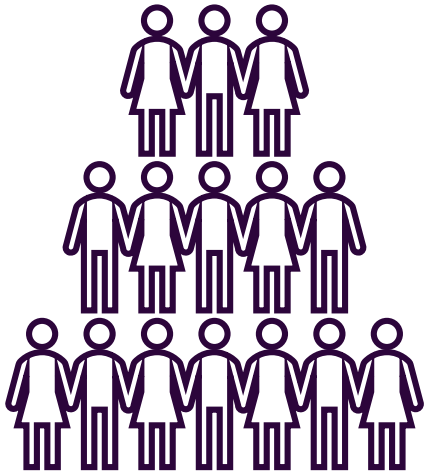
What help do *non* hub members receive?

- Access to the Futures NHS site / shared documents and other resources from other organisations
- What is QSI Support meetings
- Access to our Provider Engagement Officer to learn more about scheme and support joining the Quality Mark scheme
- Participation in some general QSI meetings

Standards that Support Workforce Pressures

XR-2 Imaging Workforce

- XR-201 Service Leadership in key areas of the service
- XR-202 Local Modality-specific Service Leadership
- XR-203 Staffing Levels and Skill
- XR-204 Service Competences and Training Plan
- XR-205 Agency, Bank and Locum Staff
- XR-206 On-call and Out-of-Hours
- XR-207 Administrative and Clerical Support
- XR-208 Supporting Staff and Wellbeing
- XR-209 Supporting Staff in Training



QSI Shaping workforce demands:

- **Staff Wellbeing & Retention:** Regular audits of staff satisfaction help retain and recruit talent.
- **Performance Monitoring:** Ongoing review of team performance and business continuity plans ensures resilience.
- **Skill Mix & Training:** Identifies gaps in skills, supports onboarding, mentoring, and enables staff to work at their full potential.
- **Workflow Optimisation:** Streamlines processes, reduces inefficiencies, and implements clear protocols to minimise errors.
- **Collaboration & Innovation:** Encourages interdepartmental teamwork, sharing best practices, and adopting useful technologies like AI.
- **Listening & Feedback:** Prioritises input from both staff and patients to foster trust, fairness, and continuous improvement.
- **Recognition & Excellence:** Celebrates achievements and uses audits to drive further efficiency and quality.
- **QSI helps radiology teams focus on what works, address gaps, and create a supportive, high-performing environment for both staff and patients**

Impact in the real world

- Staff in one hospital have trained staff in multiple modalities and have a huddle each morning so that staff can be re-deployed as needed
- It helped to have an oversight of exactly where each person was up to with training and competencies.
- We included agency and bank staff more in our governance processes.
- It was a morale boost for our staff to know the satisfaction surveys were positive.
- Sharing training packs was good for consistency and saved us reinventing the wheel.
- We adopted good ideas from other areas about supporting and retaining our international recruits.
- It helped our staff understand the pathway to extend their scope of practice, leading to an upskilled workforce with job satisfaction
- It led to stronger team cohesion, building a resilient multi skilled team.
- By allowing flexibility in rota planning, the service demonstrated a commitment to both staff development and patient safety.

A community of practice

Dr Mike Evans- ***Institute for Healthcare Improvement Ontario*****:**

Quality Improvement in Healthcare

"Don't let what you can't do, stop you from doing what you can do".

- Find something you can improve and get going!
- Focus on simplicity, adapt to new ideas, adopt or discard them, but whatever you do START!
- **QSI is here to help you FIND those starting places:**
  - Participation in the QSI support
  - Shared resources
  - Bespoke development plan
  - Shared learning and best practice

Any Questions?

Quality Standard for Imaging

The Royal College of Radiologists

CoR THE COLLEGE OF RADIOGRAPHERS

Contact & Joining Information

Membership and scheme support

QSI@rcr.ac.uk

Quality Standard for Imaging (QSI) webpages

CONVENZIS

Keynote Presentation

Dr Joe Barnett
National Speciality Advisor for
Imaging (AI and Digital)
NHS England

AXREM

Panel Discussion

Huw Shurmer
AXREM Chair & Strategic and
Government Relationship Manager
FUJIFILM Healthcare UK
AXREM / FUJIFILM Healthcare UK

Dr Joe Barnett
National Speciality Advisor for
Imaging (AI and Digital)
NHS England

Rachael MacDonald
Senior Research Consultant
York Health Economics Consortium

Chair Closing Remarks

Jeevan Gunaratnam
Vice Chair, AXREM | Head of Government Affairs
Philips UK & Ireland

Drinks & Nibbles