

**Collaborative working:
Peninsula Radiology Academy
Network reporting
Network on call**

Dr Robert Lavis

SLCD Imaging

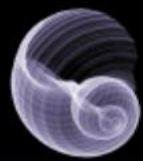
SRTP Conference 14/06/2018

Declarations of interest

- Medica radiologist
 - NightHawk
 - Cold reporting
 - Reporting for multiple Scottish sites



PENINSULA
RADIOLOGY ACADEMY



Useful Links

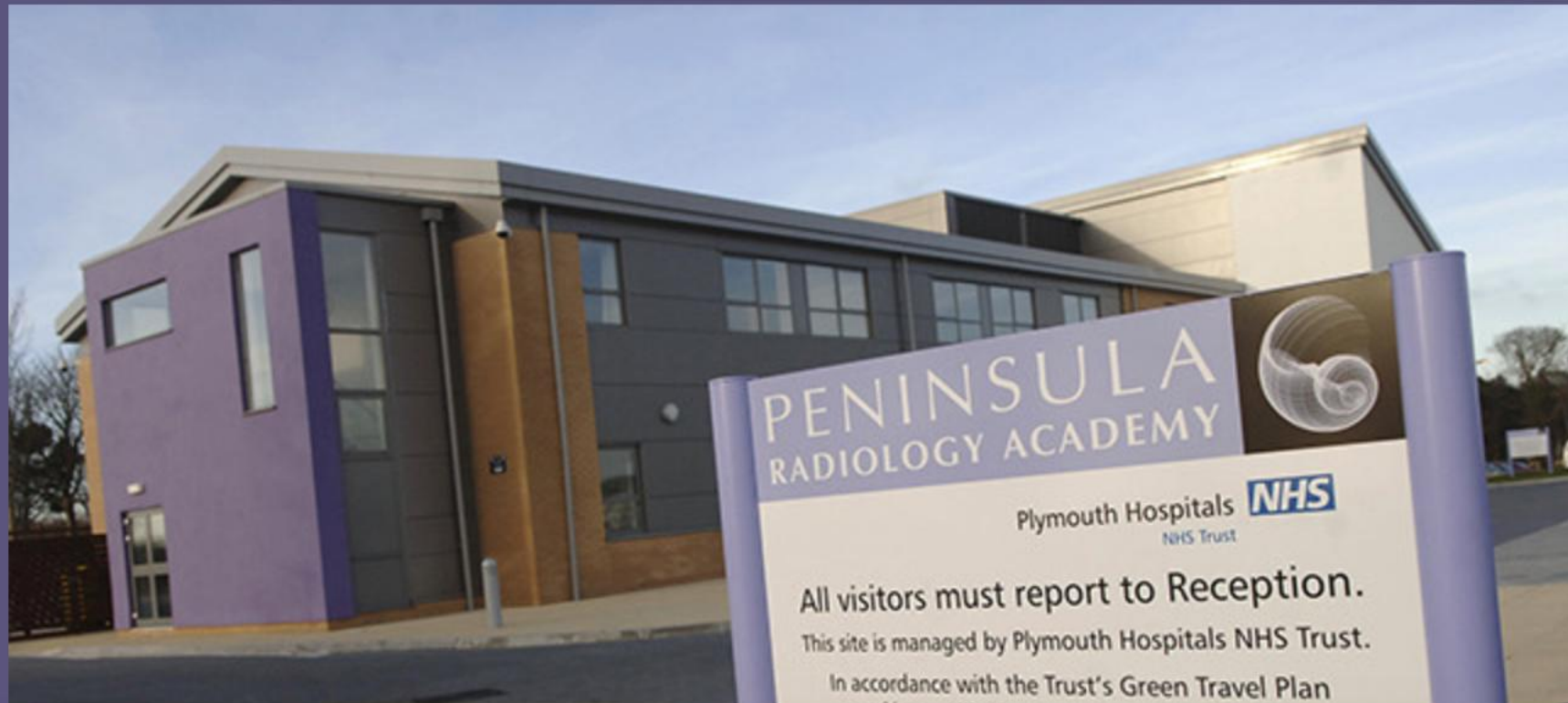
Find Us

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Peninsula Radiology Academy (PenRA)

- The only purpose built radiology training academy in the world. 2006. 15,000 sq feet.
- Two other sites in UK – Leeds (hospital), Norfolk and Norwich (hybrid).
- Leased building.
- HEE funding for trainees.
- State of the art training facilities
 - PACS/RIS
 - Mac suite
 - Lecture theatre/tutorial rooms/reporting suites
 - Simulation training – IR, USS

Benefits

- Increased training numbers per year
 - 1999 – 4
 - 2000 – 5
 - 2006 – 12
 - 2018 – 16 (exploring up to 20)
- Collaborative working
- Intensive off site theoretical and practical training
- Scope to enhance training in other areas
- Meeting/conferences

Challenges

- Cost – funding gap
 - Infrastructure costs – shortfall
 - Training funding gap
 - Challenges from HEE
- Timetabling – academy v clinical
- Increasing training numbers
 - Maintain financial viability

Downside?

- Loss of individual person knowledge
- Mobility of registrars

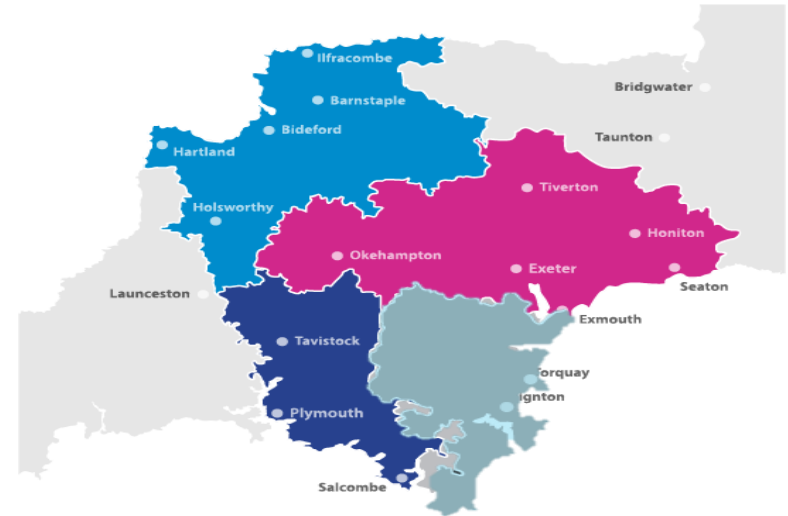
Opportunities

- Sonographer training
- On site imaging – expand USS?
- On site vans for imaging – CT, MRI
- Radiographer training - undergraduate
- Training of colleagues/other staff groups
- National conferences – BSUR/Prostate MRI course 2017
- National training centre – GE cardiac CT
- Reporting hub??

Networks

STP: Working together across Devon

- Devon and Cornwall are 2 of 44 STPs in England
- 10 statutory organisations working collaboratively for the population of Devon(and Cornwall – 5 Acute Hospitals)
- 81 Radiologists, 12 CT scanners, 10 MRI
- Devon networks: ENT, Neurology, Stroke (incl imaging)
- Peninsula networks: Trauma, Pathology, Histopathology



Reporting networks

- Paediatric reporting, NAI
 - <https://videos.rcr.ac.uk/video/network-reporting-for-non-accidental-injury-how-to-make-it-happen>
- Neuro-radiology
- Head and neck - exploring

Paediatric NAI

- 5 centres
- Originally honorary contracts (HepB, etc!)
- Now an SLA signed by Medical Directors
- Better would be a 'working passport' (NB car parking!)
- Important factors
 - Leave co-ordination
 - Link person (radiographer) in each site
 - Protocols – RCR NAI document
 - Coroner involvement
- New issues
 - Most mortem CT in suspected NAI

Neuro-radiology

- North Devon – secondary reporting
- Truro – primary reporting

- Limited consultant experience for complex cases
- SLA reporting
- Same PACS and RIS
- Primary – worklist allocation
- Secondary – email referral

Head and Neck reporting

- Limited cover in each of 5 hospitals
- Particular issue in Torbay (1 consultant)
- Beginning to explore options for cover reporting

PROC

Peninsula Radiology On Call (PROC)

- Dr Tom Sulkin – PostGraduate Dean
- Why?
 - On call busier
 - Multiple moderate size sites
 - Loss of training days
 - Value in terms of training?
 - Outsourcing costs at night – 1 site with no StR
- Who?
 - North Devon
 - Truro
 - Exeter
 - Torbay

Requirements

- IT
- Radiographer protocolling
- Protocol driven imaging
- Communication
- Workstations
- VR profiles that move
- Governance – PenRA
- SLAs describing the service
- Junior Doctor contract compliance

Benefits

- Shared learning and wide experience
- Gained training days (1 on call v 4)
- Harmonisation – protocols, management
- Trauma protocol sharing
- Pushing IT/PACS/CRIS development
- Very happy registrars

Costs

- Workstations
- VR
- Internet phone
- Accommodation
- Travel
- Consultant time for checking in the morning - shifted
- PA value and availability supplement

All good news?

- Growth in work – needing 2 registrars already
 - 11-28 scans per night (mean 18)
 - 73% Head
 - 52% pre midnight
 - Dr Sulkin/Dr Carter
- IT failure
- Workstation failure
- Phone call interruptions

Future

- Plymouth to join – more complex due to cover for Trauma and transplant service
- Considering admin support
- Need for dedicated 24/7 IT support in order to maximise benefits
- Radiographer protocolling
- Network protocol agreements

