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secondly, with an increasing number of external images reviewed at meetings, the number of external imaging departments is being narrowed and the range of imaging equipment is being reduced (if not eliminated). this is reducing the standard of information available to the mdt, which is potentially creating difficulties and limiting their ability to make decisions and opinions on images. therefore, as a consequence of the preceding point, the range of imaging services offered to the mdt is limited, and this is reducing the potential for multidisciplinary clinical discussion and opinion. therefore, while pathology and radiology are inextricably linked to the hospital as a provider of diagnostic services, this paper is showing a changing relationship between pathology and radiology services. although the role of pathology in clinical diagnosis is well recognised, it is relatively novel for pathology to be perceived in this way. finally, the review of external images and tissue materials at meetings has implications for the culture of the pathology service. if the mdt has reduced access to these materials, they are used to formulate diagnosis and management recommendations. this often leads to considerable debate at mdtms, which may engender a culture of conflict and litigation. this can influence the quality of diagnosis and treatment of patients, as negative treatment recommendations are likely to be challenged in litigation and then protracted. this issue has been identified as important in other disciplines. for example, prof hansell, d. & smith, j. (2005), perception of the expert .), and bruner, a. & wadsworth, r. (2007),(main culture of the clinical expert beyond litigation. american college of physicians, 2007. available at: <http://www.rx.am/research-and-development/research-studies/2337-the-culture-of-the-clinical-expert-beyond-litigation.html>

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the key aim of hospital-wide quality improvement (qi) is to improve the quality of care and the experience of care by all patients. in qi, the performance of a health care organization is measured and improvement in the quality of care is achieved by increasing the proportion of high-quality care processes. a major factor limiting organizational performance is the fragmentation of quality improvement activity. in the case of radiology, it was noted that qi required fundamental changes in the pathology and radiology departments. the hospital also wanted a central mechanism to improve patient care and commissioning is the process of choosing to receive or not to receive services from a provider. reform is a complex, sequential process of buying in or out, but typically involves the most ill-equipped member and can significantly benefit from input from the technical side. radiology and pathology improved the quality of their qi processes, enhancing clinical decision-making, and commissioning qi was implemented in an integrated approach. the purpose of this simulation exercise was to teach the concept of cost of care by implementing, at one site, an evidence-based medicine (ebm) guideline, based on existing local policies and recommendations. the time spent in preparation, the content of the meeting and the value of the discussions compare favourably with meeting practices in other professions, in particular cardiology, where the division between procedures (diagnostic, invasive and non-invasive) and time scales (catheterisation laboratories, acute and elective) 5ec8ef588b

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