The Society for Pediatric Radiology – Strategic Review & Planning
September 2014 – January 2015

Looking in the Mirror and at the Map: How are we doing? Where are we going next?

Word Cloud created with member responses to the question: What do you value most about what SPR does?

In the fall of 2014, the SPR leadership embarked on their regularly-scheduled Society assessment and review process. To begin, we launched a comprehensive member satisfaction survey and also invited input in several new ways, including the initiation of a Member Forum held at the RSNA meeting.

1. **Mission statement affirmed**: The Society for Pediatric Radiology is dedicated to fostering excellence in pediatric health care through imaging and image-guided care.

2. **General Society Assessment**:
   a. **Current State**: By the metrics most often used to assess member organizations, SPR is functioning well:
      i. 95+% annual member retention
      ii. Stable and growing attendance at SPR Annual Meeting and weekend conferences
      iii. Healthy financial status. Annual operating budget has yielded contributions to the reserves each year. Policy in place to transfer excess reserves to the Research and Education Foundation on a periodic basis.
      iv. Member Survey: Over 300 members completed the survey. Overall assessment: Satisfaction with Society services and responsiveness is very high.
   b. **Future State**: Always with the mission in mind, address members’ professional and educational needs as expressed in more detail in the areas below.
3. **Bylaws:**
   a. **Current State:** Bylaws developed in 1958 and have been amended in minor ways multiple times over those 57 years. The Board recommends overall review to update and modernize (removing mentions of antiquated procedures and examining assumptions regarding membership.) Simultaneous review by ACR legal staff for overall clean-up.
   b. **Future State:** Explore open membership to all pediatric radiologists, other specialists, and allied groups.
   c. **Timeline:** Board has asked committees to report progress by SPR meeting time. Project to be completed by RSNA 2015.

4. **Physician Resources Committee reports:**
   a. **Current State:** Board agrees that the work of the Committee in assessing the current status is excellent, but the Board and Committee should explore ways to harness the information to be more useful to the members. Perhaps staff could help with better and/or better-timed communication with the members? Given the fact that fellows’ employment status is not known until the spring, the goal of having better, actionable information for the membership may mean that the Committee may need to also talk about multi-year trends in their reports to the Board and Members.
   b. **Future State:** Communicate with Committee for possible adjustment of survey schedule for 2015-16 and to explore better, more useful communications to the members.

5. **Committees and Leadership:**
   a. **Current state:**
      i. Members are generally happy with the productivity of the Board and committees.
      ii. The perception lingers among a small percentage of members that there is “a clique” of insiders.
      iii. Committee Chairs and Members believe they need more formal charges.
   b. **Future State:** Leadership should articulate commitment to expanding SPR volunteer opportunities and consciously include new names in entry positions. Committee charges will be written to include educational programming, website content, ACR guideline participation and, if approved, ACR Select, Decision- Support Scenario Building.
   c. **Next Steps:** Committee chairs to be contacted with draft charges by April 1.

6. **Education and Meetings:**
   a. **Current State:** SPR meetings are well-attended and financially sustainable.
   b. **Future state:** Members want MORE. More meetings, more CME and innovative, flexible delivery (webinars and live-streaming as examples). SPR Leadership through engagement with committee chairs, member surveys and course feedback should fashion a multi-year curriculum and solicit courses/course topics.
   c. **Next steps:** Additional staff support is needed to adequately support current state and will be essential for growth in this area. Continued engagement with internal partners (committees), external partners (other societies, programs in conjunction with WFPI and Image Gently.) A focused survey regarding educational preferences and needs is forthcoming. Explore SPR collaboration with SCORCH for leadership courses.

7. **Research:**
   a. **Current State:** Research and Education Foundation (REF) annually offers pilot awards, fellow grants, and seed grants. Approximately 10% of members contribute annually to REF. This number has been reduced since we began collecting dues online. We speculate that this improved dues-collection process has created an obstacle to giving that must be addressed.
      i. Corpus of fund is growing well and grant funding levels have increased annually.
   b. **Future state:** Foundation should develop to offer:
      i. Multi-institutional research grants  (launched spring 2015)
      ii. Focused topics (e.g. child abuse) to solve difficult problems facing the specialty.  (launched spring 2015)
      iii. Explore alignment with NIH (e.g. NICHD)
      iv. Increase member donations (goal: 90% participation)
      v. 100% Board Member/Committee Chair participation as donors at some level.
   c. **Next Steps:** The REF is both launching multi-institutional research grants and calling for projects on focused topics (e.g. child abuse).
   d. An REF fundraising campaign to be developed and scheduled for late 2015.

Continue end of the year reminder and initiate periodic communications reaching out to members.
8. **Child Abuse Legal Climate:**
   a. **Current state:** Highly adversarial legal environment with pseudo-science gaining equal footing with settled knowledge in court.
   b. **Future State:** Provide members resources to help them prepare for their appearances in court.
   c. **Next Steps:**
      i. Abuse Committee preparing review article for spring 2015.
      ii. Members want SPR to develop resources to support SPR members on “how to testify”
      iii. Consider offering targeted SPR grant to address scientific gaps in child abuse imaging
      iv. Consider launching campaign to educate Public (in consultation with legal counsel).

9. **Clinical Practice Support:**
   a. Current State - 16 clinical committees organized by both imaging modality and body area.
   
<table>
<thead>
<tr>
<th>Modality</th>
<th>Body part/disease/image</th>
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</thead>
<tbody>
<tr>
<td>Contrast-Enhanced US Task Force</td>
<td>Abdominal Imaging Committee</td>
</tr>
<tr>
<td>CT Committee</td>
<td>Cardiac Imaging Committee</td>
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<tr>
<td>Interventional</td>
<td>Fetal Imaging</td>
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<td>MR Committee</td>
<td>MSK Committee</td>
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<td>Nuclear medicine</td>
<td>Neuroradiology</td>
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<td>Oncology Committee</td>
<td>Newborn</td>
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<td>Safety</td>
<td>Thoracic Imaging</td>
</tr>
<tr>
<td>Ultrasound</td>
<td>Child Abuse Committee</td>
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</tbody>
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   b. **Future state:** Committees have asked for better-defined charges. The Member survey suggests that SPR should create a database of shared best practices (structured reporting, pregnancy screening, Point of Service US policies, EPIC build help, and patient educational materials as examples.) This clinical-support service could be added to the committee charges.
   c. **Next Steps:**
      i. Activate Clinical Practice Steering Committee to address best approach to Best Practice Database.
      ii. Actively promote use of the SPR list serv.
      iii. Communicate with SCORCH to explore possibilities for professional development course and best practices database.

10. **Strategic Alliances**
   a. **SCORCH:**
      i. **Current state**
         1. Highly successful list serv where members enthusiastically share best practices
         2. Benchmarking- Salary and Equipment surveys
      ii. **Future state and SPR collaboration opportunities**
         1. Seminars/workshops Professional Development and leadership courses
         2. Advocacy for pediatric imaging issues in conjunction with SPR and ACR
         3. Sharing of best practices with SPR
      iii. **Next Steps**
         1. Devise concrete collaborative strategies for SCORCH members to share expertise with wider pediatric radiology community/SPR members.

   b. **ESPR and other international organizations:**
      i. **Current State:** Members’ perception is that the IPR meeting is valuable and worthwhile activity to support. Additional collaborations with global colleagues to be pursued.
      ii. **Future State:** Board consensus is in alignment with member perception that international collaboration and contact is important to the specialty and to the advancement of increased knowledge and worldwide improvement in medical imaging care of children. It is a value to be pursued.
c. **Image Gently:**
   i. **Current State:** Extremely successful global information campaign that has had and continues to increase the breadth and depth of knowledge on the need to image gently. Has stable, but limited funding and is in the process of a staff transition. The next message is on Pediatric Head Trauma.
   ii. **Future State:**
       1. Strategic Plan is under construction.
       2. Leadership in orderly transition.

d. **WFPI:**
   i. **Current State:** Extremely successful but young global effort committed to communication and collaboration between pediatric imaging practitioners, via their organizations; Advocating for appropriate practices and resource allocation for children (including patient safety); Education, outreach and training in lower resource settings; Research
   ii. **Challenges** – still seeking stable funding.
   iii. **Future State:** The next year includes:
       1. The International Day of Radiology with a Focus on Pediatric Imaging.
       2. Expansion of the YouTube Channel – Educational Library
           a. Oversight Committee to be formed of SPR and WFPI volunteers.
       3. Continued low-level quest for financial sustainability. (Limited resources result in the need to decide the focus. The decision now is to focus on programs and accomplishments.)

e. **ACR Collaboration:**
   i. **Current State:**
       1. Intensive SPR collaboration on Practice Parameters.
       2. SPR-ACR collaborative committee formed to address collaborative educational activities.
       3. Appropriateness Criteria and ACR decision support – to be determined

f. **Advocacy:**
   i. **Current State:** Successful initial effort this past spring with the ACR. Significant member interest expressed on collaborating with multiple natural partners depending on the issues.
   ii. **Future State:** Develop menu of pediatric imaging advocacy priorities and reach out to the AAP and to the Academy of Radiology Research for opportunities to plug into their processes.

11. **SPR administrative support:**
   a. In recognition of the requirements of current and approved initiatives, the Board approved funding another full-time staff member to work primarily in the areas of meetings and education.
   b. It is recognized that the activities this individual will make possible will be revenue-producing in the near future but hiring a new team member may result in deficit spending for 2015.
**In conclusion:** These word clouds are created with the member responses to the questions:

1) What should SPR change?

2) How can SPR better support your professional activities?

The Board thanks the members for their thoughtful input and feels a course is charted for meeting the members’ professional and educational needs.