

FOCUS ON CRA



A Conversation with RACC Public Member William Reynolds



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On behalf of the Radiology Administration Certification Commission (RACC), I'd like to thank Bill Reynolds for his service and many contributions to the RACC and the

CRA program. Reynolds joined the RACC in 2003 as the commission's public member: a commissioner from outside the field of radiology administration who represents the public's interests while helping to guide and govern the Certified Radiology Administrator (CRA) program.

Over the last 6 years, Reynolds has lent his invaluable expertise, intelligence, enthusiasm, and good humor to the role of commissioner, and particularly to the critical task of crafting the policies and procedural frameworks that guide the program. As he completes his final term as commissioner this December, he leaves the program stronger for his contributions, and we thank him for his service to the RACC, the CRA program, and to the field of radiology administration and medical imaging management.

The following is a summary of a conversation between RACC Chair Michael R. Hughes and RACC Public Member William "Bill" Reynolds held during the 2008 AHRA Annual Meeting and Exposition in Denver, CO.

Michael Hughes: Bill, on behalf of the RACC, I would like to thank you for your service as public member over the last 6 years. Personally, I would like to thank you for all the help and support you have given me. In its infancy and throughout the formulation and structural development stage of the RACC, your background and knowledge have been invaluable to the commission, to all CRAs, and, I believe, to the public. Truly, it was a very valuable experience knowing you and having you on the commission.

I just want to take a few minutes to reflect on your experience as the public member and discuss any recommendations you might have for us as a commission and for the public member that follows you. How do you believe your background helped in the developmental stages of the program?

William Reynolds: Having someone who had experience in large organizations, had worked on other boards, and had been on a major commission that provided accreditation for rehabilitation facilities—I believe was beneficial to the program. Being a public member and bringing a perspective that can be complementary and supportive of the commission members who are all from the field is also valuable. I think boards and not-for-profit organizations are structured to address a public interest as their reason for being. And so, in boards of that sort, there's a responsibility to have this higher purpose of service to the public. I think the public member fits into that formula, as they always have a slightly different perspective.

How did I fit into this? It was really adapting to the framework that had been prepared by the AHRA. We had a lot of material to start with, but there was a tremendous amount of deciding how much of that was really going to apply. I believe I brought a lot of experience to the development of the policies and procedures and methods of operating.

Because I spent most of my career working on standards development and regulatory policy, I really understood the give and take that must go into looking at the perspective of the various parties. The very purpose of developing these policies was looking out for the good. You had to think about who was on the receiving end. How would they accept the program?

Our goal was to invite people to get the credential, so you had to maintain a standard, which signified that the credential really meant something and was accomplishing the purpose for which it was created.

MH: Now that in the last year or so, we've gotten the procedural things pretty much out of the way, we now have the marketing element to move forward. As we are trying to expand the program, how would you see the public member's role changing? What kind of background do you believe would help us move the program forward?

WR: It would be great to have somebody who had experience in an organization that had gone through some sort of similar evolution. I'm doing work right now with creating a program with the State of California and we put together an advisory board. We had to go through many of these same steps to fig-

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ure out just what their role is in relation to the Department of Mental Health that was appointing them. It took us 2 years to get that group up and running. Now we're focusing on bringing aboard a consultant that will help us explore funding sources through foundations and so forth that support the work. We also have a media/PR person working with us as we figure out how to capitalize on the Department of Mental Health's in-house PR staff. So those kinds of skills: promotion, marketing, developing organizations, fundraising, and the like would be helpful to the RACC.

MH: How do you see the camaraderie between the AHRA and the RACC?

WR: I think the big concern was distinguishing the role of AHRA from the RACC. I think you, Michael, particularly, always brought us back to the point that there is a distinction between the organizations and we always have to think about that. And it's never been a problem; AHRA has never tried to stifle us. In fact, they've continued to make the necessary adjustments, such as the recent change in logo, to support us and help move the program forward.

MH: Now that we've got the structure, we need to market and grow in a different area to explore safety and quality issues. How can the public member help us with that?



Michael Hughes and Bill Reynolds speaking at the CRA Reunion during the 2008 AHRA Annual Meeting in Denver, CO.

WR: I think it's really in analyzing. You all see where healthcare is going, but you need somebody who has maybe a 10,000 foot or a 20,000 foot perspective on things, which will be a little different from your own.

Think about all the different aspects of the program. I was very impressed today when I read the breakdown of the domains—look at the domains and apply them to yourself as you're thinking about strategic planning and organizational development—all in all, you have to stop and focus on all that strategic planning stuff that can be painful, but ultimately it's incredibly valuable.

MH: Bill, how would you define the CRA program? Are we meeting our goal of being a benefit to radiology administration?

WR: Oh, I think so! Even though you have all these other organizations that are related to your field, imaging administration is different than doing the procedures. The technical aspects are one thing, the administration of the systems management and things like that is another. So, there is a role for an organization, like AHRA, that is focused on this and for a credential that addresses a certain body of knowledge in imaging administration.

MH: After 6 years, if somebody approached you and asked, "Bill, what is the CRA?" would you, as a public member, be able to say that we have done our job?

WR: I could tell them enough because it's really making that distinction between being a technician and being an administrator. CRAs have spent time acquiring a strong base of knowledge and experience, has tested themselves, and demonstrated their knowledge by passing the test. They continue to build on that base knowledge and experience by continuing their education in the pursuit of excellence in their chosen profession, which is something that has value. You need to be students learning about what's going on in the world, not stuck in your little silo. The man who founded the dental school I attended was the first in the country to have a university-based dental school. Inscribed over the campus library was the expression, "A professional's responsibility is to always be learning new skills," and that's what it's really about. ■