



Patrizia Cornacchione

President, European Federation of Radiographer Societies (EFRS); Assistant Professor, Università Cattolica del Sacro Cuore, Rome, Italy

“**AI is not just a tool, it is a workflow change**”

Citation:

EMJ Radiol. 2026;7[1]:48-50.
<https://doi.org/10.33590/emjradiol/T71OP6HT>

Q1 A year after we last spoke and with another year's experience of European Federation of Radiographer Societies (EFRS) presidency, what has changed for radiographers in Europe?

Over the past year, I have seen a clearer shift towards recognising radiographers as clinical professionals who influence outcomes, not only image acquisition. In many departments, radiographers are increasingly involved in protocol optimisation, quality assurance activities, and service improvements that directly affect patient safety and diagnostic quality.

I also sense a stronger European mindset: radiographers are more willing to compare practice across borders, learn from other systems, and build shared approaches. That matters because the challenges are similar everywhere, with fast technological change and rising expectations for quality and patient-centred care. The more we learn together, the faster we reduce variability and improve standards.

Q2 The European Congress of Radiology (ECR) 2026 is themed 'Rays of Knowledge', emphasising connection and learning. What does this theme mean for the radiography community?

For radiographers, 'Rays of Knowledge' is both literal and symbolic. We work with 'rays', but knowledge is what turns technology into safe, consistent, and compassionate care. The theme also highlights connection: knowledge must travel between professions, countries, and

generations, otherwise it stays isolated and its value is limited.

In practical terms, I would translate the theme into measurable improvements in three areas: safety culture, diagnostic quality, and patient experience.

Q3 Radiographers' visibility at ECR continues to grow across both the main programme and the EFRS programme. What is driving this growth, and why does it matter now?

The growth is driven by reality: radiographers' roles are evolving and ECR is reflecting that evolution. Radiographers are contributing more actively to research, education, workflow redesign, and the responsible integration of new technologies, such as AI. At the same time, imaging has become more explicitly interdisciplinary; quality and safety are team outcomes, and radiographers are central to that. Why it matters now is simple: the pace of change is high, and the profession needs a strong European platform to share evidence, develop competencies, and build a common language.

Q4 Radiographer registration numbers have increased again post-pandemic. What factors do you think are driving radiographers back to ECR?

I don't think people are just returning to in-person events. They are coming back because the professional needs have intensified. Departments are under pressure, innovation cycles are faster, and many radiographers are looking for

clarity: what skills should I prioritise, what is safe practice, how do we implement change without compromising quality?

Q5 AI is prominently featured at ECR 2026, and you are co-chairing the session on the clinical use of AI by radiographers. What practical or strategic messages do you hope participants will take away?

My first message is that AI is not just a tool, it is a workflow change. It can improve consistency and efficiency, but only when it is integrated with clear governance and accountability. Radiographers should understand what the AI system is designed for, what it needs as input, what it produces as output, and how failures may look in real clinical scenarios.

Second, radiographers must be involved from the start: selection, implementation, training, and monitoring. Radiographers are often the first to identify

acquisition issues, artefacts, and mismatch between a patient's reality and an algorithm's assumptions. That makes radiographers essential to safe integration.

Q6 How can radiographers move beyond being users of AI tools to becoming critical decision-makers who ensure these technologies genuinely enhance patient outcomes?

Moving beyond 'users' begins with culture. That includes recognising when an output does not fit the patient, pausing the workflow, and escalating appropriately. That is patient safety leadership.

Then, we need structured expertise built on knowledge, skills, and competences: basic AI literacy, awareness of bias and limitations, and practical checklists to support safe and responsible use.

Q7 EFRS is often described as a bridge for the radiography community. How does EFRS help connect people and ideas so that successful approaches can be adopted across countries and settings?

EFRS is a bridge in several ways. First, between national societies and universities, a shared European vision, helping local strengths become collective progress. Second, between students, early-career professionals, and experienced colleagues, so knowledge and leadership are transferred, not lost. Third, between radiographers and the wider imaging team (radiologists, medical physicists, allied professionals), because interdisciplinarity is the foundation of innovation in imaging.

ECR is a key moment where these bridges become tangible. Colleagues meet, compare approaches, and often initiate collaborations that continue



beyond the congress. A good idea becomes transferable when it is outcome-focused and adaptable. The most transferable innovations are often not the most complex ones: a protocol standard that reduces repeats, a safety checklist that improves compliance, a training pathway that strengthens communication, or a workflow change that improves patient experience. EFRS can help by curating these practices, supporting collaboration, and encouraging radiographers to document and share results so others can adopt them realistically.

Q8 Radiographers' roles are expanding in advanced practice and research, and you have emphasised empowering young professionals. What leadership competencies should be prioritised?

Leadership for radiographers today is about responsibility for outcomes. The competencies I would prioritise are clinical practice, educational, research, patient-centred communication, and leadership, particularly when introducing AI or new workflows.

If I had to define success for ECR 2026 in one tangible outcome, it

would be this: radiographers leave with at least one implementable improvement, something that can measurably enhance quality, safety, or patient experience. If that is accompanied by new collaborations, mentorship connections, and shared projects across countries, then 'Rays of Knowledge' becomes more than a theme: it becomes a European movement in daily practice.

A good idea becomes transferable when it is outcome-focused and adaptable