

# MINUTES OF THE MAGNETIC RESONANCE ADVISORY GROUP (MRAG) TELECONFERENCE HELD ON TUESDAY $19^{\rm TH}$ and WEDNESDAY $20^{\rm TH}$ JUNE 2012

**PRESENT** (Tues) Alex Lipton {AL} {Host}

Sharon Burton {SB} Carolyn Graham {CG} Susan White {SW}

(Wed): Alex Lipton {AL} {Host}

Muriel Cockburn {MC} Christine Heales {CH}

Jenny Jones {JJ} Erica Scurr {ES} Rachel Watt {RW}

#### 1. WELCOME AND INTRODUCTION

- 1.1 AL welcomed members onto the conference call.
- 1.2 Professor Audrey Paterson attended in place of professional officer Alexandra Lipton who was unable to attend today's meeting.

# 2. APOLOGIES FOR ABSENCE

2.1 Apologies for absence were received from Sandra Conn, Rebecca Vosper and Gill Winter.

# 3. MINUTES OF MEETING HELD ON TUESDAY 20<sup>TH</sup> MARCH 2012

3.1 CG felt that item 3.1 on the previous minutes did not fully reflect David Grainger's report and has provided her report to AL who will review and arrange update of the minute accordingly.

ACTION: AL

3.2 CG reported that item 12.3 was incorrect – BAMRR is not doing some work around pregnant staff. CG stated that this statement relates to item 12.1 regarding MR compatible pacemakers. AL agreed to this amendment.

ACTION: AL

# 4. REVIEW OF MRAG WORK PLAN (attached)

- 4.1 AL thanked all the group members for their contributions.
- 4.2 The group then considered the subject heading of the work plan.

#### **4.2.2 CONSENT**

Much discussion took place during both calls regarding the issue of consent in particular when consenting pregnant patients. MC reported back following a recent meeting at ISMRM that certain organisations had concluded that there was no particular need for foetal consent and that pregnant patients were consented as any other MR patient. Discussion took place around the lack of published evidence regarding possible risks to the foetus. MC reported of unit who had performed a lot of foetal imaging and she agreed to provide further details for the group.

AL felt it would be unwise for the SoR to take the stance of not consenting pregnant patients differently to any other MR patients as the MHRA still recommend that the risks be discussed with the patient. She agreed to discuss further with AP and felt perhaps that reference could be made within the document to the stance taken by other bodies.

The subject of radiographers consenting pregnant patients in the absence of a radiology colleague was discussed and CG agreed to forward a policy document covering this.

It was agreed that this area required some further discussion AL stated that she would pull all the information together and include in the draft update for further discussion at the October meeting.

ACTION: AL, MC & CG

#### 4.2.3 MANUAL HANDLING

AL reported that LW (Health and Safety officer) had provided material for inclusion which would address the particular issues in coil handling and would include guidance on bariatric patients.

### 4.2.4 CONTRAST AGENTS AND OTHER DRUGS

The group felt that advice should be included for contrast administration to breastfeeding women. ES reported that the RCR have produced guidelines on this. Discussion took place regarding the questionnaire for establishing egfr. ES reported that their department followed the European and ES agreed to forward these to AL.

ACTION: ES

#### 4.2.5 REPORTING OF INCIDENTS

The groups agreed that the documents should contain advice and guidance to members with a strong message that ALL incidents be reported both internally and to the MHRA. Discussion took place as to whether some other body such as CQC could be approached to add weight but concluded that currently the MHRA was the only mechanism. AL will write up draft advice including the process of reporting via MHRA. It was felt that it would be useful for MHRA to provide reports on trends and incidents AL will follow up with DG.

ACTION: AL

#### 4.2.6 3+ISSUES

AL thanked Sharon and Susan for their contributions.

#### 4.2.7 MRI CONDITIONAL PACEMAKERS/DEVIES/CLIPS

AL thanked the groups for the extensive information submitted regarding MR conditional pacemakers. It was agreed that clear guidance should be included for devices previously labelled as safe but now labelled as conditional alongside advice on meeting the conditional requirements for all devices/implants etc. AL is pursuing this particular matter via the BIR MR Safety committee.

ACTION: AL

#### 4.2.8 PREGNANT STAFF

Discussions surrounded the increasing issue of managing pregnant staff in a 3T unit. The MHRA guidelines still include a statement - "Pregnant women should not routinely be exposed to fields above 2T" It is clear from the many queries received at SoR that departments are not doing risk assessments and not aware of the guidelines. ES agreed to share their dept policy and AL is discussing with LW.

ACTION: ES & AL

#### 4.2.9 DESIGN AND PLANNING OF UNITS

AL thanked RW for her submission and agreed to review and report back to RW within the next two weeks.

ACTION: AL

#### 4.2.10 FIRE EMERGENCY SAFETY AND TRAINING

AL reported that she had sight of quite a few department MR Fire policies and that she and LW would produce guidance for inclusion in the draft.

ACTION: AL

- **4.3** AL asked the groups to consider tier subject areas for inclusion in the publication. Discussions were as follows:
- 4.3.1 RW felt that advice should be included on the document regarding phantom storage and phantom spillage procedures. RW agreed to forward information.

ACTION: RW

4.3.2 CH felt very strongly that MRAG should be setting down minimum levels of safety knowledge requirements. AL felt that this was a subject that required much deeper discussion and should form part of the work plan beyond this publication the NOS competency standards do include some safety level requirements and these could be referenced within our publication and also AL reported that she intended to produce some guidance on staffing a unit and that it may be appropriate to include some standards ion safety within this section.

ACTION: AL

4.3.3 RT units – ES reported that she had been working on some guidance for RT units using MRI she agreed to forward her work to AL who would then discuss with Charlotte Beardmore (CB) and report back to the group.

ACTION: AL & ES

4.3.4 AL discussed with CG the possibility of including an updated sample screening form from BAMRR. CG confirmed that BAMRR have discussed this and will report back to the group.

ACTION: CG

4.3.5 The subject of recording reasons for examination recalls was discussed. The group felt that generally this was unrecorded as MR does not utilise ionising radiation but members felt that recalls were often due to a lack of training and education from radiology and radiographic staff. No conclusion reached as to whether something should be included in the publication thus for further discussion at the next meeting.

ACTION: ALL

4.3.6 Guidance on volunteer scanning was discussed. AL will draft material for inclusion.

ACTION: AL

#### 5. FEEDBACK FROM GROUP ON DRAFT MHRA DEVICE BULLETIN

5.1 AL had previously requested that the group review certain sections of the MHRA updated draft supplied to the group by DG with reference to the SoR publication to determine the areas that require updating or removing within the SoR publication. AL asked the group if feedback could be submitted within 2 weeks and the group agreed to a submission date of Weds 4<sup>th</sup> July.

ACTION: ALL see below for section

Section 2 – Rebecca, Sandra, Muriel

Section 3 – Susan, Sharon, Lyn

Section 4.1-4.12 inclusive Erica, Gill, Jenny

Section 4.13-4.21 – Steve, Christine, Rachel

#### 6. AOB

- 6.1 AL reported that the draft update would be circulated to the group by 1<sup>st</sup> October and that review would take place during the meeting of the 18<sup>th</sup> October 2012.
- 6.2 MC shared information with the group regarding the ISMRM MR Safety conference in LUND in Septembers and felt that the group should be represented.

ACTION: ALL

6.3 JJ reported that her research project for her dissertation entails a review of the levels of training and education within all MR centres in the UK including the private sector. The group agreed that this would produce very useful information and JJ would provide an update at the next meeting.

# 7. Date and Time of Next meeting

• Thursday 18<sup>th</sup> October 2012 at SCoR Headquarters