



**MINUTES OF THE MAGNETIC RESONANCE ADVISORY GROUP (MRAG) HELD ON TUESDAY
20TH MARCH 2012, AT THE OFFICES OF THE SOCIETY OF RADIOGRAPHERS, 207
PROVIDENCE SQUARE, LONDON SE1 2EW**

PRESENT:

Sharon Burton {SB}
Sandra Conn {SC}
David Grainger {Visitor from MHRA}
Steve Harris {SH} {Chair}
Jennifer Jones {JJ}
Erica Scurr {ES}
Rebecca Vosper {RV}
Rachel Watt {RW}
Susie White {SW}
Gill Winter {GW}

IN ATTENDANCE:

Audrey Paterson {AP}
Valerie Asemah {VA} {Minutes}

1. WELCOME AND INTRODUCTION

- 1.1 The Chair welcomed everyone to the group and round table introductions were made, especially for the benefit of guest David Grainger from MHRA.
- 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 Muriel Cockburn, Christine Heales, Alex Lipton and Kim Mawhinney.

3. REPORTING OF INCIDENTS UPDATE ON DEVICE BULLETIN (Presentation by David Grainger MHRA)

- 3.1 David Grainger {DG} Senior Medical Device Specialist (MR & X-ray Imaging) from MHRA (who was invited by Alex Lipton) spoke to the group on the reporting of incidents; indications of any extensive areas of updates to safety guidelines; and trending and surveillance.

All incidents should be reported and DG gave guidance and tips on which incidents should be reported and the process of reporting. He also gave some examples on trending and surveillance around how often and which trends are reported and in what way.

It has been noticed that within MRI fewer and fewer instance are being reported and this can either be good news to indicate that the guidelines are being followed or that instances are not being reported at all. All incidents should be reported.

It was noted that SCoR takes an ethical stance that if you are carrying out an MRI on a healthy individual you have a duty of care and the group discussed whether this should stay as it currently stands or be changed.

DG informed the group that the MR Guidance is being updated, in line with the HPA, ICNIRP, and the IEC 6061 and indicated which areas would be updated. It is envisaged that the first draft should be ready by May 2012 and he asked if the group would give comment which they all agreed to do. DG will forward draft to VA to distribute to the group for comment. Comments can be sent directly to DG or through AL.

ACTION: DG, VA & GROUP

DG further indicated that all has gone quiet on the EUPAD timetable. AP invited DG to contact SCoR with any questions he may have in regards to MRI.

4. MINUTES OF MEETING HELD ON TUESDAY 11TH OCTOBER 2011

- 4.1 The minutes of the meeting held on Tuesday 11th October 2011 were approved as a true and accurate record.

5. MATTERS ARISING NOT OTHERWISE ON THE AGENDA

5.1 Liaison with BAMRR (minute 4a.1)

This topic was discussed at the BAMRR policy board meeting again in February and it was noted that no clear joint project has been identified to date. Discussion with BAMRR is still ongoing.

5.2 Workplan for Group (5.1)

At the last meeting members worked on updating the group work plan which was due to be completed by December 2011. A few pieces of work are still outstanding and the Chair asked that these be completed and submitted as soon as possible. Those responsible agreed to do so.

5.3 MR Safety (7.1)

At the last meeting the demand for an accredited qualification for MR safety was discussed and BAMRR was in favour of an online course which would cater for various levels of need such as MR staff, referrers, visitors and others. AL has since met with John Totman, who was very supportive, for discussion on the way forward with this issue. He felt that an accredited safety course would be useful. CG has subsequently raised this at BAMRR.

It was noted that the BIR MR Safety group is now only meeting once a year.

6. PROVISION OF MRI SERVICES FOR RADIOTHERAPY PLANNING - UPDATE

- 6.1 At the last meeting it was noted that involvement was needed with radiotherapy managers in regards to radiotherapy MRI services and AP was going to raise this with Charlotte Beardmore {CB} and Sarah James {SJ} to raise at the next Radiotherapy Advisory Group (RAG) meeting.

ES has found that radiotherapy planning has had a major impact on her workload as a different kind of learning is required for radiotherapy as there is a need to understand both what is required and what is possible. ES was tasked with mapping out what was required.

ACTION: ***ES***

There is a high level of interest around radiotherapy planning, and discussion around coils and the associated problems. With no standard radiotherapy plan, dedicated protocols are called for.

AL & Charlotte Beardmore {CB} to have a discussion around radiotherapy to identify and draft best practice on scanning, reporting of examinations and responsibility – AP will follow up.

ACTION: ***AP, AL & CB***

7. UPDATE ON REDRAFT OF SCoR SAFETY IN MAGNETIC RESONANCE IMAGING

- 7.1 It was noted that this publication is behind schedule due to the benchmarking project. The redraft is to be the main focus of the June teleconferences. AL will distribute draft to the group and then have a conference call to discuss. The group was thanked for all the work submitted to date.

ACTION: ***AL***

8. SCANNING OF IMPLANTS WHERE STATUS HAS CHANGED FROM MR SAFE TO MR CONDITIONAL

- 8.1 The scanning of implants where status seems to have changed from MR safe to MR conditional was discussed. The general consensus is that the manufacturer's guidelines are unclear. All Trusts/Boards should be encouraged to have proper contracted arrangements with an MR Safety Advisor.

GW supplied AL with some comments following her meeting with Andrew Jones (AJ) (Chair of the BIR MR Safety Group). These were tabled and given to the group at the meeting. It was noted that advice was required and this should be multi-professional and authoritative. AP suggested it might also be beneficial to speak with David Grainger on formalising and clarifying access to MR safety advice from an appropriate MR Safety expert.

ACTION: ***AL***

It was further noted that AL intend to contact AJ through the BIR committee with a view to issuing a guidance statement for members.

ACTION: ***AL***

9. SAFETY ISSUES – UNDER SKIN PIERCING/RESOLUTION CLIP DEVICE

- 9.1 AL had received a few queries from some members of the group and would like to get views from other group members on resolution clip devices. KM (who was unable to attend the meeting) emailed about this device as they recently had an incident in her department.

The clip device is designed to ‘fall off’ after a period of time but appears not to be doing so in all instances.

With regard to skin piercing it was advised that staff should always ask the patient if they have any piercings before proceeding as under skin piercings are becoming more common.

10. EUPAD UPDATE

- 10.1 AP updated the group informing them that lobbying is still required and it appears that Germany is at the forefront of research initiatives.

11. ICNIRP CONSULTATION

- 11.1 It was noted that details have been sent to the group with a request for feedback by 14th May 2012. AP stressed the importance of the group making a response.

ACTION: GROUP

12. ANY OTHER BUSINESS

- 12.1 SC recently read an article ‘MRI Compatible Pacemakers’ in a recent issue of the BIR Journal which she shared with the group. Noting the interest of members, AP agreed to liaise with AL with a view to obtaining a link to this publication for everyone to read.

ACTION: AP & AL

- 12.2 A MR Research publication examining incidental findings when scanning volunteers has recently been published. It was felt that this is something that would be of interest to group members. Therefore, AP will speak to Rachel Harris (Research Officer) in regards to circulating the link to the document. To note that a commentary on the publication will also appear in a future issue of Synergy News, expressing disquiet about the publication.

ACTION: AP

- 12.3 One of the members queried whether there has been any further guidance in relation to pregnant staff in the workplace. AP will refer this question to AL. CG mentioned that BAMRR is hoping to do some work on this issue later this year.

ACTION: AL

MC was unable to attending today’s meeting but sent in an email informing the group that due to pressure of work she was unable to circulate the fetal and pregnancy consent document as promised. MC wanted to know if anyone on the group knew of any sites that are carrying out assessments on whole body exposure times for patients and staff. She would welcome any comments. VA will forward email to group asking them to respond to MC and copy AL in the response.

13. DATE OF NEXT MEETING

- 13.1 The date set for the next MRAG meeting (19th June) will be focusing on the safety document, and will probably be a teleconference. One suggestion discussed was dividing the group into smaller sets and having the teleconference with different sets (time slots will be set). AP will speak with AL in regards of the best way to move forward on this issue. Group members will be kept informed and updated.

ACTION: ***AP & AL***

- 13.2 AL and VA to source dates for meeting in September 2012 and March 2013.

ACTION: ***AL & VA***